STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
BOARD OF REGISTERED NURSING
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Louise R. Bailey, MEd, RN, Executive Officer

BOARD MEETING AGENDA

Hilton Garden Inn Emeryville
1800 Powell Street
Emeryville, CA 94608
(510) 658-9300

February 5-6, 2014

Wednesday, February 5, 2014 – 9:00 am

1.0 Call to Order – Board President

Members:
Raymond Mallel, President
Michael D. Jackson, MSN, RN, Vice President
Cynthia Klein, RN, Vice President
Erin Niemela
Trande Phillips, RN
Jeanette Dong
Joshua Groban
Beverly Hayden-Pugh, MA, RN

Executive Officer: Louise Bailey, M.Ed., RN

2.0 Public Comment for Items Not on the Agenda

3.0 Disciplinary Matters

Reinstatements
Robert Baker
Catherine Moore (Mena)

Termination/Modification of Probation
Victor Cortez
Lisa Ecker
Angela Mertz
Amelia Togba-Addy
Diana Sims
Dwayne Whitehead

4.0 Closed Session

Disciplinary Matters
The Board will convene in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

Thursday, February 6, 2014 – 9:00 am

1.0 Call to Order – Board President

Members: Raymond Mallel, President
Michael D. Jackson, MSN, RN, Vice President
Cynthia Klein, RN,
Erin Niemela
Trande Phillips, RN
Jeanette Dong
Joshua Groban
Beverly Hayden-Pugh, MA, RN

Executive Officer: Louise Bailey, M.Ed., RN

2.0 Public Comment for Items Not on the Agenda

3.0 Review and Approve Minutes:

- November 6-7, 2013 Meeting Minutes
- January 9, 2014 (Discipline) Meeting Minutes

4.0 Report on Board Members' Activities

5.0 Board and Department Activities

5.1 Executive Officer Report

6.0 Report of the Administrative Committee
Raymond Mallel, President, Chairperson

6.1 BreEZe Update

7.0 Report of the Education/Licensing Committee
Michael Jackson, MSN, RN, Chairperson

7.1 Vote to Ratify Minor Curriculum Revision
- Holy Names University Baccalaureate Degree (LVN to BSN) Nursing Program
- Point Loma Nazarene University Baccalaureate Degree Nursing Program
- San Francisco State University Baccalaureate Degree Nursing Program
- Azusa Pacific University Entry Level Master's Degree Nursing Program
- United States University Accelerated Baccalaureate and Entry Level Master's Degree Nursing Program
- University of California, Los Angeles, Baccalaureate Degree and Entry Level Master's Degree Nursing Program
- University of California, San Francisco, Entry Level Master's Degree Nursing Program
- Citrus College Associate Degree Nursing Program
- College of the Redwoods Associate Degree Nursing Program
- College of the Siskiyous Associate Degree Nursing Program
- ITT Technical Institute Rancho Cordova Breckinridge School of Nursing Associate Degree Nursing Program

- Los Angeles Trade Technical College Associate Degree Nursing Program
- Mira Costa College Associate Degree Nursing Program
- Mission College Associate Degree (LVN to RN) Nursing Program
- Sacramento City College Associate Degree Nursing Program
- Yuba College Associate Degree Nursing Program
- United States University Nurse Practitioner Program
- University of California, Los Angeles, Nurse Practitioner Program

Acknowledge Receipt of Program Progress Report:
- California State University, Dominguez Hills, Entry Level Master's Degree Nursing Program
- Merritt College Associate Degree Nursing Program

7.2 Vote to Approve Education/Licensing Committee Recommendations

Continue Approval of Prelicensure Nursing Program
- Everest College Associate Degree Nursing Program
- Mission College Associate Degree (LVN to RN) Nursing Program
- Santa Monica College Associate Degree Nursing Program
- Solano Community College Associate Degree Nursing Program
- Southwestern College Associate Degree Nursing Program

7.3 East Los Angeles College Associate Degree Nursing Program

7.4 ITT Technical Institute Rancho Cordova, Breckinridge School of Nursing Associate Degree Nursing Program Progress Report

7.5 Feasibility Study For Prelicensure Nursing Program
- American Career College Associate Degree Nursing Program

7.6 2012-2013 Annual School Survey Reports (Draft)

7.7 NCLEX Pass Rate Update

7.8 Licensing Program Report

8.0 Report of the Legislative Committee
Erin Niemela, Chairperson

8.1 Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session

Assembly Bills	**Senate Bills**
AB 154	SB 271
AB 186	SB 352
AB 213	SB 410
AB 259	SB 430
AB 291	SB 440
AB 361	SB 491

AB 512	SB 532
AB 633	SB 718
AB 697	SB 723
AB 705	SB 809
AB 790	
AB 809	
AB 859	
AB 1017	
AB 1057	

8.2 Summary of Legislation Chaptered in 2013

9.0 Report of the Diversion/Discipline Committee
Cynthia Klein, RN, Chairperson

9.1 Complaint Intake and Investigations Update

9.2 Discipline and Probation Update

9.3 Enforcement Statistics

9.4 Diversion Program Update and Statistics
9.4.1 Diversion Evaluation Committee Members

9.5 Update: "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" – Business and Professions Code, Section 315 et seq

10.0 Report of the Nursing Practice Committee
Trande Phillips, RN, Chairperson

10.1 Information and Discussion:
Nurse Practitioner Laws and Regulations – Title 16 of the California Code of Regulations, Article 8, Sections 1480 - 1484; Nursing Education Consultant APRN (Advanced Practice Registered Nurse) Workgroup suggested updating and revising of current regulations.

10.2 Approve/not approve advisory statement for Registered Nursing: Nurse Practitioner and Certified Nurse Midwife
1. Nurse Practitioner and Certified Nurse Midwife Advisory
   a. Supervision of Medical Assistants

10.3 Nurse Practitioners with Multiple Specialties
1. Breeze tracking system ability to track multiple specialties

11.0 Public Comment for Items Not on the Agenda

NOTICE:
All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board's Web Site at http://www.rn.ca.gov. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Blvd., Suite 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING MINUTES

DRAFT

DATE:	November 6-7, 2013
LOCATION:	Hilton San Diego Mission Valley 901 Camino del Rio South San Diego, CA 92108
PRESENT:	Michael D. Jackson, MSN, RN, Vice President Cynthia Klein, RN Trande Phillips, RN Jeanette Dong Joshua Groban Beverly Hayden-Pugh, MS, RN
NOT PRESENT:	Raymond Mallel, President Erin Niemela
ALSO PRESENT:	Louise Bailey, M.Ed., RN, Executive Officer Stacie Berumen, Assistant Executive Officer Janette Wackerly, Supervising NEC Miyo Minato, Supervising NEC Katie Daugherty, NEC Leslie Moody, NEC Kay Weinkam, NEC Kelly McHan, NEC Don Chang, DCA Legal Counsel Beth Scott, Discipline, Probation and Diversion Deputy Chief Bobbi Pierce, Licensing Program Manager Carol Stanford, Diversion Program Manager Kim Ott, Decisions and Appeals Analyst Christyl Cobb, Decisions and Appeals Analyst Ronnie Whitaker, Legislative and Regulatory Analyst Christina Sprigg, Administration and Licensing Deputy Chief Rose Ramos, Administrative Assistant Roy Hewitt, Administrative Law Judge Antoinette Cincotta, Deputy Attorney General Lauro Paredes, Deputy Attorney General

Wednesday, November 6, 2013 – 9:00 am

1.0 Call to Order
Michael Jackson, Vice President, called the meeting to order at 9:05 a.m. and had the Board Members introduce themselves.

2.0 Public Comment for Items Not on the Agenda

No public comment.

3.0 Review and Approve Minutes:

- September 11-12, 2013 Meeting Minutes

No public comment.

MSC: Dong/Groban that the Board approves the Minutes from September 11-12. 6/0/0

4.0 Report on Board Members' Activities

On October 2, 2013, Michael Jackson, Vice President attended the California Organization of Associate Degree Nursing Program Directors Conference with Louise Bailey, Executive Officer of the Board of Registered Nursing.

5.0 Board and Department Activities

No Board and Department Activities to report.

5.1 Executive Officer Report
Louise Bailey, Executive Officer presented this report.

Current Registered Nurse Licensee Population is: 408,413

5.1 Legal Counsel assigned to BRN
BRN has been assigned new DCA legal counsel Claire Yazigi. Clair has worked as an attorney with the Department of Consumer Affairs since 2009. She has represented a wide range of health care boards, including the Physical Therapy Board, the Physician Assistant Committee (now Physician Assistant Board), the Dental Hygiene Committee, the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board, and the Board of Podiatric Medicine. She also represents the Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation. Before joining the Department, Ms. Yazigi worked as an attorney in a private firm practicing family and probate law. She received her Juris Doctor from the University of the Pacific, McGeorge School of Law in 2004 and was

admitted to the California State Bar that same year. Ms. Yazigi received her bachelor's degree from U.C. Davis in 2001.

5.2 Regulation Updates

Enforcement Regulations

This regulatory proposal is comprised of three changes that will strengthen the Board's Enforcement Program and better enable the Board to achieve its public protection mandate. The proposed changes are: 1) delegate to the Executive Officer the authority to approve voluntary settlement agreements for the revocation, surrender, or interim suspension of a license; 2) define specified actions as unprofessional conduct; and 3) amend the Board's Disciplinary Guidelines to require an administrative law judge to render a proposed decision of license revocation, without an order staying the revocation, in cases where there is a finding of fact pertaining to specified sexual misconduct. At the direction of the Board, Louise Bailey and Stacie Berumen met with the Director to discuss her written comments on the proposed regulation changes and explained the Board's position. The rulemaking file was submitted to the Department on October 3, 2013 and should be submitted to Agency shortly; staff is closely monitoring the proposal's progress

License Renewal

Reporting of Traffic Violations: The regulatory proposal increases the fine level of traffic violations that the registered nurse is required to report at the time of license renewal from $300 to $1000. The rulemaking file was submitted to the Department on September 24, 2013 and should be submitted to Agency shortly; staff is closely monitoring the proposal's progress.

5.3 Reports Recently Added to the BRN Website

On August 26, 2013 the BRN website was updated with California BRN 2012 Survey of RNs report and the 2013 Forecast of RN Workforce in California. Significant findings from the 2012 RN report were presented by Dr. Joanne Spetz at the February 6, 2013 Board meeting and data from the 2013 Forecasting report were presented at the April 10, 2013 Board meeting. In addition, The Diversity of California's RN Workforce-2013 update report was added to the website. Data from this analysis was presented at the September 11, 2013 Board meeting by Renae Waneka. An e-mail blast was sent at the time these reports were posted on the website.

5.4 Update/Correction to California BRN 2012 Survey of RNs Report on the BRN Website

On October 11, 2013 the BRN was notified by Dr. Joanne Spetz from the Center for the Health Professions at UCSF of a coding error had been found in the data file related to responses on a question related to income on the 2012 RN survey. The error impacted the data analysis for nurses with an income of 100K or more as it coded these responses as missing and thus lead to underestimations of the reported earnings. These high earners (about 3000 of them) were dropped from the data analysis.

UCSF prepared an errata and reprinted the 50 reports which had been printed but not yet distributed to Board members and staff. The impacted Power point slides from the February 6, 2013 Board meeting presentation were also corrected. The updated report, PowerPoint presentation slides and an Errata have been posted to the BRN website with a notice of the error. Dr. Spetz apologizes for this error and took immediate steps to notify the BRN and provide corrections for the error.

5.5 New Graduate RN Survey

BRN in conjunction with the California Institute for Nursing and Healthcare (CINHC), Association of California Nurse Leaders (ACNL), California Student Nurses Association (CSNA) and University of California Los Angeles (UCLA), mailed out the annual New Graduate RN survey in October 2013.

5.6 Public Record Requests

The BRN continues to comply with public record requests and responds within the required timeframes that are set in Government Code Section 6250. For the period of September 4, 2013 through October 31, 2013, the BRN received and processed 7 public record requests.

5.7 Personnel

NEW HIRES		
Name	**Classification**	**Program**
Foad Gharahgoziou	Program Technician II	Call Center
Joshua Rushing	Office Technician	Complaint Intake
Richard Ware	Office Technician	Discipline
Nancy Caouette	Office Technician (Retired Annuitant)	Call Center

PROMOTIONS		
Name	**Classification**	**Program**
Kristie Powell	Associate Governmental Program Analyst	Complaint Intake

SEPARATIONS		
Name	**Classification**	**Program**
Karen Sanders	Staff Services Analyst – Retired Annuitant	Discipline

Pam Hegje began her state career with the Department of Motor Vehicle in 1973 working as a Clerk Typist II. She joined the BRN in 1988 working as an Office Assistant and Office Technician in the Renewals unit. She helped in the mailroom, call center, public counter and as a backup cashier in the cashiering office. In 1989 when the BRN moved to the Teale database system, currently called CAS, Pam was the liaison for the new system. In 1991 at the Office Technician level Pam became the Personnel Liaison in the Administration Unit and promoted to a Staff Services Analyst and then to her current classification of Associate Governmental Program Analyst. Over her long career with the BRN Pam has been a part of many major milestones such as the BRN's first Strategic Plan in 1995, coordinating several office moves and the opening and closing of offices in

Southern California and implementation of the previous and current telephone system. Pam will retire on December 16, 2013. Our congratulations to Pam on her retirement!

Bobbi Pierce began her state career with the California Coastal Commission in 1983 as an Office Assistant. She joined the BRN's Licensing Program in 1983 as an Office Assistant then in 1985 left the BRN to work at the Board of Behavioral Science Examiners and then in 1986 on to the Board of Funeral Directors and Embalmers. Bobbi returned to the BRN in 1988 as an Office Technician in the Licensing Unit and over her tenure with the board was promoted to the classifications of Staff Services Analyst, Associate Governmental Program Analyst and then finally to her current classification of Staff Services Manager I. Bobbi has been instrumental in working with the National Council of State Boards of Nursing, Pearson Vue and working with international applicants verifying documents. In 2010, in the absence of her SSMI, Bobbi worked as the Acting Licensing Program Manager overseeing 25 Licensing Unit staff. She was also instrumental in working on and offering many presentations to Nursing Directors at the annual Director's conference, meetings with International delegates from many other countries, and presentations to the Board at Board Meeting. Bobbi was a part of the Licensing Backlog Reduction Plan and the Governor's Job Creation Initiative and with her insight and knowledge of the Licensing Program evaluated the application review processes and developed a method to streamline that process. Bobbi will retire on December 30, 2013. Our congratulations to Bobbi on her retirement!

6.0 Report of the Administrative Committee
Raymond Mallel, Chairperson

6.1 BreEZe Update
Christina Sprigg, Administration and Licensing Deputy Chief presented this report.

6.2 American Nurses Association v. Tom Torlakson, American Diabetes Association – Effect on school nurses' responsibilities to train or supervise unlicensed school personnel to administer prescription medications in accordance with a student's physician's written statement and with parental consent
Don Chang, Legal Counsel presented this report.

On November 6, 2013, the Board of Registered Nursing (Board) received an oral summary from its legal counsel of the California Supreme Court's decision in the case entitled *American Nurses Association v. Tom Torlakson et al* 57 Cal.4th570 (2013) regarding the use of trained unlicensed school personnel to administer prescription medication in a school setting.

The Supreme Court held in the *American Nurses Association* case that California law permits trained, unlicensed school personnel to administer prescription medication, including insulin, to students in accordance with a written statements of individual students' treating physicians, with parental consent and that persons who act under this authority do not violate the Nursing Practice Act (Business and Professions Code section 2700 et seq. – hereafter "NPA")

In particular, the Court found that the "medical-order exception" found subdivision (e) of section 2727 of the Business and Professions Code permitted a layperson to carry out a physician's medical orders for a patient , even orders that would otherwise fall within the definition of nursing practice without violating the rule against the unlicensed practice of nursing.

As a result of the *American Nurses Association* decision the following questions were posed to the Board:

1. Can a school nurse train an unlicensed school personnel to administer medication to a student per the order of the student's physician and the parents' consent without providing supervision of that unlicensed personnel?

2. Does the BRN have a definition of "trained" that school nurses can use?

3. If a school nurse trains a school employee to administer medication to a student per the order of the student's physician and the parents' consent, but does not supervise the employee, will the school nurse be liable if the unlicensed school personnel injures the student.

4. If a school nurse observes a school employee that he or she has trained to administer medication to a student per the order of the student's physician and the parents' consent, but does not supervise, can the school nurse assess and reteach the school employee.

In response to those questions, the Board was advised by its counsel of the following:

1. There is no requirement in state law that a school nurse who has trained an unlicensed school employee to administer medication to a student per the order of the student's physician and the parents' consent also supervise that employee.

2. The BRN does not have a definition of "trained" that school nurses can use. If a question arises regarding the adequacy of the training provided by a school nurse, it would be evaluated by the Board as to whether the nurse was either grossly negligent or incompetent in his or her training of the unlicensed person.

   16 CCR section 1442 provides that "'gross negligence' includes an extreme departure from the standard of care which under similar circumstances, would have ordinarily been exercised by a competent registered nurse. An extreme departure means the repeated failure to provide nursing care as required or failure to provide care or to exercise ordinary precaution in a single situation which the nurse knew, or should have known, could have jeopardized the client's health or life. A determination of whether negligence or incompetence had occurred would

be based upon the expert opinion of similarly situated nurses in good standing to determine the adequacy of the training.

16 CCR section 1443 provides: "'incompetence' means the lack of possession of or the failure to exercise that degree of learning, skill, care and experience ordinarily possessed and exercised by a competent registered nurse as described in Section 1443.5"

3. Due to the different factual circumstances of each case, a definitive opinion cannot be given whether a school nurse who has trained but does not supervise a school employee would be held liable if the school employee were to harm a student.

4. Whether a school nurse can retrain a school employee that he or she has trained based on observed deficiencies, depends on the oversight responsibility of the nurse over the school employee. Depending upon the facts of the case, there may be an obligation for the nurse to notify school administrators of the observed deficiencies so that they could make the decision whether retraining is necessary.

Public comments:

Tricia Hunter, MN, RN, ANA\C
Kathy Owens, School Nurse

6.3 Multi State Licensure "Compact"
Louise Bailey, Executive Officer presented this report.

Public comments:

Tricia Hunter, MN, RN, ANA\C
Jeannie R. King, RN - Vice President, SEIU Local 121 RN and Nurse Alliance
Marilyn Edwards, RN, Case Manager
Nancy Sproull, RN, Case Manager
James Puente, Director, National Council of State Boards of Nursing, Chicago
Kelly Green, CNA

7.0 Report of the Education/Licensing Committee
Michael Jackson, MSN, RN, Chairperson

7.1 Ratify Minor Curriculum Revisions
Leslie Moody, NEC presented this report.

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- Holy Names University (LVN-RN) Baccalaureate Degree Nursing Program
- Cerritos College Associate Degree Nursing Program
- Chabot College Associate Degree Nursing Program
- Golden West College Associate Degree Nursing Program

Acknowledge Receipt of Program Progress Report:

- American University of Health Sciences Baccalaureate Degree Nursing Program
- Azusa Pacific University Baccalaureate Degree Nursing Program
- East Los Angeles College Associate Degree Nursing Program
- Merritt College Associate Degree Nursing Program
- Shepherd University Associate Degree Nursing Program

No public comment.

MSC: Jackson/Phillips to ratify the minor curriculum revisions and acknowledge receipt of program progress reports. 6/0/0

7.2 Education/Licensing Committee Recommendations

Leslie Moody, NEC presented this report.

The Education/Licensing Committee met on October 1, 2013 and makes the following recommendations:

A. Continue Approval of Prelicensure Nursing Program
   - California State University, San Bernardino, Baccalaureate Degree Nursing Program (San Bernardino and Palm Desert campuses)
   - University of Phoenix at Modesto (LVN-RN) Baccalaureate Degree Nursing Program
   - West Coast University, Los Angeles, Baccalaureate Degree Nursing Program
   - West Coast University, Orange County, Baccalaureate Degree Nursing Program
   - College of the Siskiyous Associate Degree Nursing Program
   - Copper Mountain College Associate Degree Nursing Program
   - Saddleback College Associate Degree Nursing Program

B. Continue Approval of Advanced Practice Nursing Program
   - United States University Nurse Practitioner Program

C. Approve Major Curriculum Revision

- San Diego State University Baccalaureate Degree Nursing Program
- Simpson University Baccalaureate Degree Nursing Program
- West Coast University Baccalaureate Degree Nursing Program (Inland Empire, Los Angeles and Orange County campuses)
- CNI College Associate Degree Nursing Program
- Imperial Valley College Associate Degree Nursing Program
- Palomar College Associate Degree Nursing Program
- San Joaquin Valley College Associate Degree Nursing Program

No public comment.

MSC: Jackson/Klein motion to approve the ELC recommendations as submitted for continued approval of prelicensure nursing program, continue approval of advanced practice nursing program, and approve major curriculum revision. 6/0/0

7.3 United States University Entry Level Master's Degree and Accelerated Baccalaureate Degree Nursing Programs Progress Report

Leslie Moody, NEC presented this report.

BACKGROUND:

Debora Erick, MSN, RN, Dean, College of Nursing, is the USU ELM and ABSN program director. Steven Litteral, MSN, RN is full-time faculty and the assistant program director.

In June 2011 the Board placed the USU prelicensure program on warning status with intent to remove approval and prohibited additional program enrollment due to areas of noncompliance. A continuing approval visit was conducted 11/30-12/01/2011 with findings of noncompliance and the warning status with ban on enrollment was continued. The program implemented multiple improvements and in September 2012 evidence was provided that the program was in compliance with all regulations except CCR 1431which requires a minimum 75% pass rate for NCLEX-RN exam by first-time test taker program graduates. NCLEX-RN outcomes to date are: 2009-2010 62.50% (8 taken); 2010-11 71.43% (28 taken); 2011-12 68.97% (58 taken); 2012-13 56.58% (76 taken). The total number of test-takers to date is 170 of the approximately 177 total prelicensure program completers to date as reported by the program (cohorts 1-7).

In February 2013 the Board evaluated the program and authorized admission of one cohort of twenty students to enter the program in May 2013. This eighth program cohort has now completed the first two program courses (Nursing Fundamentals and Pharmacology), and began the third course (Nursing Care of Adults and Older Adults) on September 3, 2013. Cohort 8 will complete the program on September 26, 2014. At the May 2013 meeting of the Education/Licensing Committee (ELC) the program requested permission for admission of additional students. A decision was deferred and the program was directed to present a progress report at the October 2013 ELC meeting to provide evidence of the existing cohort's probability of successful program completion and passing NCLEX-RN examination.

To ensure the success of Cohort 8 students and additional future students, multiple measures have been implemented that address faculty expertise, instructional

methodologies, program progression, remediation of students, bridging knowledge across content and course progression, and other process changes. The process, instruction and program delivery revisions have been data-driven and informed by multiple stakeholders. These measures are explained in more detail in the attached progress report which also includes evidence of adequate resources, including faculty and clinical placements, to present the curriculum as approved for two concurrent cohorts of 20 students.

The program is requesting status of continue approval and permission to admit an additional cohort of twenty (20) students in January 2014.

Education/Licensing Committee recommendation of October 1, 2013: Continue Warning Status with no additional program enrollment until NCLEX-RN examination outcomes of the Cohort 8 students are known, which will occur approximately April 2015.

Public comments:

Ann Durham, Director, Health Workforce Initiative / Welcome Back Center
Lindsey Curly

The Board moved to take the following action:

- Change program status to Defer Action to Continue Approval;
- Approve admission of a single additional cohort of twenty (20) students in January 2014;
- The Nursing Education Consultant will continue to monitor program progress specifically in regards to graduates' NCLEX-RN performance and generally for compliance with all BRN requirements; and
- The program is required to submit a progress report when NCLEX-RN results are available following graduation of the cohort 8 students in December 2014.

MSC: Jackson/Hayden-Pugh to accept ELC recommendations listed above. 5/1/0

7.4 ITT Technical Institute Rancho Cordova, Breckinridge School of Nursing Associate Degree Nursing Program Progress Report

Katie Daugherty, NEC presented this report.

Dr. Mercy Popoola, MSN, PhD, RN was approved as Program Director (PD) on 8/12/13. Ms. Patricia Widman, MSN, RN has served as the program's Assistant Director (AD) since February 2013.

Initial program approval was granted as specified in attached Board action letter, June 15, 2011. At the time of initial program approval, no areas of non-compliance and no recommendations were identified. The program enrolled the first cohort in March 2012, the second cohort in September 2012 and third cohort in March 2013. Total program enrollment is 71 students: Cohort #1 (19), Cohort #2 (22), and Cohort #3 (30) students.

In July 2013, a continuing approval visit was triggered by the loss of two essential clinical affiliations (Sutter Health and Dignity Health). These two clinical affiliations

were required to be in place for implementation of the program curriculum as initially approved because these affiliations provided sufficient clinical practice learning experiences in three main specialty areas: OB, PEDS, and Advanced Medical Surgical Nursing. The Spring 2013 loss of these two clinical partners delayed Adult Nursing II (AN II) course completion for Cohort #1(Qtr.6) students in the Summer 2013 quarter of the nine quarters program of study. The loss of these two vital affiliations resulted in the immediate lack of OB, PEDS and Advanced Medical Surgical clinical placements with no appropriate "back up clinical facilities" secured by August 7, 2013. The lack of ANII clinical placements and OB, PEDS, and Advanced Medical Surgical placements meant the program no longer had adequate clinical placement sites required for Cohort #1 student progression. As of 8/7/13, ITTRC had only one clinical site secured; this site was used in Summer 2013 for Cohort #2 students to complete Clinical Concepts II coursework so this cohort could progress to Qtr.5 in Fall 2013 for Adult Nursing I (AN I) course completion.

Detailed findings of the July 2013 continuing approval visit are described in the Education Licensing Committee (ELC) 8/7/13 meeting materials and the September 11, 2013 Board meeting reports. The July 2013 continuing approval visit findings included seven areas of non-compliance(s) and six areas of recommendations as documented in the detailed consultant report of visit findings and the separate summary Report of Findings report. The summary Report of Findings is attached.

On September 11, 2013 the Board placed the program on Warning Status with Intent to Withdraw Program Approval in addition to requiring other specified actions as delineated in the September 11, 2013 formal Board action letter being sent to the program following the 9/11/13 Board meeting. The September 2013 Board actions included suspension of program enrollment indefinitely and requires the program submit evidence of full compliance in each of the areas of non-compliance by December 1, 2013. The program's written progress report (PPR) to be submitted by December 1, 2013 will be presented at the January 2014 ELC meeting and the February 2014 Board meeting with program representatives to be in attendance.

ITTRC has submitted the first written Program Progress Report (PPR). ITTRC's written PPR documents (pgs. 1-10; Attachments1-9 and Cohort#1, 2, and 3 Fall 2013 course schedules) will be presented at the October 2013 ELC and November 2013 Board meetings. These PPR documents describe the program's actions and progress as of 9/19/13 in correcting the seven areas of non-compliances as well as actions taken or in progress to address the six recommendations.

ITTRC's Current Clinical Sites as of 9/19/13

The ITTRC 9/19/13 PPR provides written evidence showing the program has secured the necessary clinical placements to implement the Fall 2013 course of instruction and clinical practice/learning experiences for all three cohorts of program students. (Please refer to attached Cohort #1, 2, and 3 schedules provided).

ITTRC's written PPR, Attachments and Fall 2013 quarter schedules show the following clinical sites are to be used from September 16-December 6, 2013:

- Delta Rehab (contract already in place-Cohort #1 Gero course clinicals (G1,2 groups);
- Doctors Medical Center San Pablo (new contract/facility-Cohort #1 Adult Nursing II (ANII) (G1,2); Cohort #2 Adult Nursing I (ANI) (G1,2,3 groups);
- Sacramento Post -Acute Care (new contract/facility-Cohort#1 ANII (G1,2 groups), Cohort #2 ANI (G1,2, 3 groups);
- Sierra Vista Psych (new contract/facility-Cohort#1 Psych/MH (SV-P/MH) (G1,2 groups); and
- Western Slopes Health Center Placerville (WS used since 5/13; Cohort #3 Clinical Concepts I (CCI) (G1,2, 3 groups).

Potential Back up/Alternative Clinical Site

- Oak Valley in Oakdale (2 hrs. distance from Sacramento). A clinical contract is in place, however, no specific student placement dates for Fall 2013 or in the future have been confirmed as yet. Per the ITTRC PPR pgs.2-3, this site will be used an alternate site (only periodically) because of the distance from the ITTRC campus. The Director and the NEC plan to visit the site prior to December 1, 2013. The current Director has not visited the site yet and it has been about two years since the NEC visited the site. The site evaluation will be done using the updated clinical verification facility information provided by ITTRC.

Doctors Medical Center (DMC) Placements Secured

On 9/11/13, Dr. Popoola provided a signed clinical agreement for DMC; she obtained the signed contract on 9/10/13.DMC in San Pablo will provide ITTRC clinical placements starting September 16, 2013- June 2014. DMC is approved to provide needed Capstone Advanced Medical Surgical course clinical placements as well as CCI,II, AN I, II clinical rotations. Refer to ITTRC Program Progress Report (PPR) pgs. 2-3, 7, Attachment 2 and Cohort# 1, and 2 Fall 2013 schedules as attached.

Sutter Health Clinical Placements 9/19/13 Verbal Commitment

Beginning January 2014 Sutter Health has verbally agreed to provide clinical placements (including PEDS and OB) as needed for the currently enrolled 71 students from January 2014 through December 2015. Refer to ITTRC PPR pgs. 3 & 7 for details.

Status Dignity Health Potential Clinical Placements

Please refer to ITTRC PPR pg.3. ITTRC and Dignity Health meeting occurred 9/3/13; as of 9/19/13 no definitive placement commitment secured. ITTRC's initial request was for OB and PEDS placements for the Winter 2013 quarter (December 9-mid March 2014) to place Cohort #1 (19) students.

Cohort #1 Adult Nursing II (AN II) Course Completion

The attached Cohort #1 schedule shows the specific plan for completion of AN II concurrent theory and clinical hours from 9/16/13-10/19/13. All AN II hours will be completed before Cohort #1 students take the Psych and Gero courses. The required Fall 2013 nursing Psych and Gero courses(with concurrent theory and clinical hours) will be taken in a 7 weeks compressed instructional format per the attached schedule. The Fall quarter ends 12/6/13.

NEC Comments: Henceforth, the program is expected to maintain adequate faculty and clinical placements for the on time completion of all courses each quarter. This applies to all program cohorts with no additional exceptions or accommodations.

A lack of adequate Clinical Placements for OB, PEDS, and Advanced M/S is potentially resolved as of 9/19/13

As of 9/19/13 the Director reports the program has now secured sufficient clinical placements to adequately implement the course of instruction for Fall 2013, and based on the 9/19/13 Sutter Health verbal commitment, for the period from January 2014 through December 2015. Sutter Health's verbal commitment applies to the current 71 enrolled students. Refer to ITTRC PPR pgs.3 and 7. Director states details are to be provided in November 2013.

Summary of ITTRC PPR in each area of Non-Compliance
CCR 1420 (c), (h) PD/AD Insufficient/Ineffective coordination, direction .... per the July 7/13 BRN reports

- Refer to ITTRC PPR pgs.1-10, Attachments 1-9, and Cohort #1, 2, 3 Fall 2013 schedules for detailed specifics in relation to the corrective action taken and in progress.
- Dr. Popoola, the PD/Chair as of 8/12/13, has 100% (40 hrs./wk) assigned administrative time.
- AD Widman will have a minimum of 20% (5 hrs./wk) assigned administrative time each quarter. The amount of assigned time will vary from quarter to quarter. Dr. Popoola reports for the past 6-8 months, Ms.Widman's assigned time has been well above 20%. According to ITTRC Attachment 9, effective 9/16/13, AD Widman is assigned 50% administrative time for the Fall 2013 quarter. She is also identified as one of two "back up" faculty. The Director has assigned two "back up" MSN instructors to cover theory and clinical hours when needed and according to the faculty members BRN approvals.
- Beginning 9/4/13, weekly leadership meetings have been established with the Program Director, Assistant Director, ITTRC campus leadership, and ITT Education Services, Inc. -ITT/ESI Inc. representatives BSNHS national nursing chair, Dr.Yigezu, and BSNHS President.
- The program provided current students a letter of notification regarding the program's changed BRN approval status (Attachment 4). ITTRC has also provided inquiring prospective students including new and transferring students, the required notification information via email, phone and in person contacts.

NEC Comments

Dr. Popoola has worked diligently during the last 5 weeks to address the lack of clinical placements. Continuing changes in clinical site and faculty availability, as well as student scheduling challenges, have necessitated multiple changes in the Fall 2013 schedule that was finalized on 9/19/13 as attached. The Director's program planning, decision making and prioritization activities have resulted in successful acquisition of the necessary Fall 2013 clinical placements for all three cohorts. She has also secured a verbal commitment from Sutter Health, (9/19/13) to provide needed placements for the 71 current program

students beginning in January 2014 until December 2015 including OB and PEDS clinical placements.

CCR 1424(h) and 1426 (a) Lack of Timely BRN notification of program and curriculum changes per the 7/13 BRN visit reports.

- Refer to ITTRC Program Progress Report (PPR) pg.2 for corrective action taken and corrective action in progress.
- Dr. Popoola's communication has been timely from 8/12/13-9/19/13 via a variety of communication methods.
- Program Director reports two full time instructor level "back up" faculty were assigned to cover unexpected faculty replacement needs for Fall 2013; one of the " back up" instructors covered an unexpected emergency situation arising on 9/16/13.
- Faculty remediation plans have been initiated by the Program Director so existing faculty achieve reclassification and are able to teach in multiple specialty areas as needed each quarter. At least one part time adjunct assistant instructor will complete needed M/S remediation by mid-October 2013. This faculty member will then be able to teach both PEDS and M/S clinical course components as assigned.

NEC Comments

Identification of a sufficient number of competent faculty and "back up" faculty to cover unexpected faculty staffing changes is very appropriate, and reflects prudent program planning and management of faculty resources. This degree of program planning must be a routine part of ongoing program resource planning by the Director and fully supported by the organization every quarter. Establishing and maintaining adequate type and number of faculty to cover all 5 specialty areas each quarter is essential moving forward to ensure instruction occurs as scheduled, coursework is completed on time, program instructional stability is sustained, and quality instruction is delivered on a consistent basis even when unexpected program changes or emergencies arise. Additionally, ITTRC and program leadership is expected to adhere to and comply with the requirements (per CCR 1432) as stated in the attached June 15, 2011 initial program approval Board Action letter without exception when unexpected program changes occur. Failure to notify the NEC when program changes that impact on the course of instruction occur in a timely manner will place the program in non-compliance immediately in the future.

The Program Director may also need to increase the number of "back up" instructors available for each quarter moving forward; planning should include doing clinical site orientation of "back up" faculty prior to need.

CCR 1424 (e) and (f) Inadequate and Insufficient Program Director(PD)/Assistant Director (AD) time in Administration/Management of Clinical Affiliations per the 7/13 BRN visit reports

- Refer to Program Progress Report (PPR) pgs.2-3, Attachments 2-5 and the Cohort #1, 2, 3 Fall 2013 schedules for corrective action in progress.

- The Director reports the PD/AD will maintain adequate faculty supervision each quarter and as needed. Actions will include doing regular clinical site visits to observe faculty and student performance. The Director states immediate follow up related to faculty or student issues will occur as needed, and has already occurred based on the Director's initial formative data collection in late August and early September 2013 and initial meetings with Dignity Health and Sutter Health.

NEC Comments

During the last 5 weeks (8/12/13-9/19/13), Dr. Popoola has spent significant amounts of time (30% per PPR) securing adequate clinical placements for the Fall 2013 quarter and future quarters of program instruction. For the DMC clinical placements, The Director took the leadership role (facility supported role) in orienting ITTRC clinical faculty to DMC since she was already familiar with the clinical site because she had supervised student clinical placements as a faculty member teaching in another pre-licensure program in the past. The Director's working knowledge of the DMC clinical site is expected to strengthen both student and faculty orientation outcomes since DMC is a new placement for ITTRC.

CCR 1424 (b) (1) Total Program Evaluation per the 7/13 BRN visit reports:

- Refer to ITTRC PPR pg.4 for corrective actions in progress.
- PD/AD and faculty will begin work to implement the existing Total Program Evaluation Plan in October 2013.
- Initial formative program evaluation has been done by PD in late August/early September; formal analysis and report to NEC to follow (date TBD).
- A Program Advisory Board (PAB) has been established; the first meeting will occur 10/18/13.
- HESI testing processes and results reviewed; testing schedule; analysis, reporting and student remediation follow up activities underway.
- PD/AD to work closely with faculty to ensure course evaluation data collected, analyzed and timely action taken.

NEC Comments

Total program evaluation activities are crucial moving forward to identify and address needed program improvements in a timely manner. It is essential thorough course evaluation activities are consistently done since quarter to quarter course evaluations in the past were not done consistently for all courses and each faculty member teaching in the course. NEC plans to discuss results of Summer 2013 course of instruction evaluation results/action planning with PD in the next several weeks along with PAB outcomes achieved.

CCR 1420(e) and (k), 1424 (d), and (h) Program Administration: Budget and Faculty Resources per the 7/13 BRN visit reports

- Refer to ITTRC Program Progress Report (PPR) pgs.5, 8, Attachment 9 and Fall 2013 schedules for corrective actions taken and in progress.
- New 5 year program budget to be in place by December 1, 2013.
- Required faculty content experts identified (PPR pg.8); scheduled reviews to be determined.

- Current faculty number and type: 5 FT (and 2 potential); 4 PT/adjunct (with 2 potential) plus the FT Program Director, Dr. Popoola. PD is now approved as an instructor in OB and M/S.

NEC Comments

Given the program's leadership and faculty stability issues to date, having an adequate type and number of faculty in place each quarter is essential and a critical success factor for the program to gain and sustain program stability moving forward now and in the future. Dr. Popoola, as program director is expected to maintain 100% administrative assigned time without responsibilities for a teaching load. This will ensure Dr. Popoola has sufficient time to manage and administer all aspects of the program on a consistent and timely basis.

During August –September 9/19/13, faculty turnovers included five changes: 1 FT AI, 2 PT MSN instructors, plus 2 other expected new FT MSN and 1 CYA hires, that have not been hired. The faculty changes in just the last few weeks, exemplify the reasons the 2011 ITT/ESI and ITTRC leadership established the program faculty staffing plan as reflected in the initial program approval documents when approved in June 2011. As approved in June 2011, the program was to have a total of 8-9 FT instructor level MSN faculty (including the PD) and PT as needed by Qtr.6 (Summer 2013). Please note this is also the total number of FT that should be in place to support enrollment for three cohorts of students. Had the program admitted a Cohort #4 group in September 2013, the program was to have hired additional full time faculty (9-10 FT by Qtr.7) along with PT as needed.

As noted in the July 2013 consultant visit report, the program's faculty staffing plan as initially approved was deliberately established by the ITTRC and ITT/ESI representatives so adequate type and number of faculty are consistently available to implement the course of instruction and provide requisite administrative and instructional program stability. The initial faculty staffing plan was also purposefully developed by ITTRC and ITT/ESI leadership in 2011 to ensure unexpected teaching assignment changes arising due to personal faculty emergencies, illnesses, etc. could be addressed immediately with competent faculty, familiar with the curriculum and expected learning outcomes. During the initial program approval site visit in 2011, it was clear, ITTRC representatives including the ITTRC campus director, the campus dean, the nursing program director and the ITT/ESI (National Nursing Chair# clearly recognized and understood the actual daily challenges associated nursing faculty recruitment, retention and the real world difficulties associated with finding adequate competent faculty replacements on short notice.

CCR 1425.1 (d) Clinically Competent Faculty per the 7/13 BRN visit reports

- Refer to ITTRC Program Progress Report (PPR) pg.6 and Attachment 5; corrective action in progress, this includes:
- Revised faculty orientation for Sutter per Attachment 5 materials and sample draft clinical orientation packet submitted separately.
- PD /AD establishing ongoing (midterm and before end of term observational visits) to monitoring clinical faculty during clinical rotations; written observations using program form will be done for every time faculty are observed. The faculty

member will be given a copy of the observations findings that include expected follow up plans.

- PD establishing an ongoing faculty remediation/development plan for all current and new faculty. Two in-services (Nursing process to promote and teach critical thinking) will be done; one in November 2013 and a second (critical thinking /QSEN in-service) in Jan/Feb 2014.
- Dr. Popoola reports faculty competency skills validation for current and new faculty will be done. According to the PD any time there is a question with faculty clinical practice, an ITTRC faculty development/remediation plan will be implemented immediately.

NEC Comments

ITTRC has specific faculty development/remediation processes and forms for competency validation purposes in place as outlined in the faculty handbook. The Director reports she plans to refine existing processes and validation activities as needed, and will integrate those required by each of the program's clinical sites as needed. ITTRC's competency validation activities are distinct and different from the BRN faculty remediation requirements for BRN faculty reclassification approvals. The NEC will review all competency validation and written mid-term observations completed for Summer 2013, Fall 2013 mid-term and going forward as needed.

CCR 1427 (a) Clinical Facilities: No OB, Peds, and Advanced Medical Surgical Placements secured to replace lost clinical affiliations with Sutter Health and Dignity Health per the 7/13 BRN visit reports

- Refer to ITTRC PPR pgs. 2, 3, 7 Attachments 2 and 3, and this agenda item summary describing corrective action taken and in progress.
- PD and AD have taken steps to be re-invited to participate in the community clinical consortium. PD and or the AD will attend all these meetings going forward.

NEC Comments

No invitation for participation secured as yet. This item/outcome to be monitored as needed.

ITTRC Program Progress Report (PPR) evidence related to the Areas of Recommendations per the 7/13 BRN visit reports: For further details regarding ITTRC's corrective action related to the six areas of recommendations, please refer to ITTRC's (PPR) pgs.7-10 and supporting documents. It is also noted the program has submitted required evidence related to signed clinical contracts, a proposed sample/draft clinical orientation clinical package, remediation plans for faculty to be reclassified in another of the 5 specialty areas beyond existing BRN faculty approvals, and the form the PD used in August and September 2013 to collect an initial set of formative program data.

NEC Summary Comments relative to the submitted ITTRC Program Progress Report:

- Accept ITTRC's first progress report for the (October, 2013 ELC/November 2013 Board meetings) as adequate. Recognize ITTRC has made progress during the last three months (from July 17, 2013- September 19, 2013) in addressing the seven areas of non-compliances and six areas of recommendations.

- A total of 5 clinical sites for student placements have been secured (as of 9/19/13). All five sites are being used in the Fall 2013 quarter. The five clinical sites include 1 acute care facility (DMC), 1 post-acute care facility (vent/trach/neuro), 1 psych/mental health site, and 2 SNF/ Rehab facilities. One potential "back up" facility has also been identified. In Summer 2013, ITTRC had only one skilled nursing/acute rehab site in place when the program lost the Dignity Health and Sutter Health clinical contracts in Spring 2013 because of the program's ineffective and inadequate management of these two crucial clinical affiliations.

- Cohort #1 AN II coursework will be completed by 10/19/13. Necessary clinical sites in place for all three cohorts. Submitted clinical schedules reflect concurrent theory and clinical in all courses, the correct number of course hours and appropriate faculty assignments.

- New ITTRC program director (as of 8/12/13) Dr. Popoola, as Program Director and program manager/administrator, has demonstrated appropriate, effective, and timely program planning (particularly Fall 2013 term), decision making, communication, implementation, and evaluation actions during the first five weeks in her role as PD/Chair.

- More detailed information/evidence is needed in relation to Sutter Health's verbal clinical placement commitment to provide ITTRC necessary clinical placements for the 71 current program students from January 2014 through December 2015. Evidence is to include signed written agreement/updated, updated clinical site verification information, and as applicable updated clinical site approval forms, plus the requisite Winter 2013 clinical placement schedules showing sufficient clinical placements for OB and PEDS are confirmed.

- At this time, it is necessary and appropriate to maintain all of the specified September 11, 2013 Board actions until ITTRC has achieved full compliance and demonstrates a consistent pattern of continued compliance and program stability. This includes timely BRN notice and communication by the Director, adequate evidence of program stability related to the management and administration of all aspects of the program, retention of a competent effective program director, and the acquisition and ongoing maintenance of adequate type and number of faculty as well as sufficient and appropriate clinical placements to support the course of instruction.

The Board reviewed the ELC recommendations and decided upon the following actions:

- Continue all actions determined by the Board of Registered Nursing at its September 11, 2013 meeting as stated in the BRN letter of September 25, 2013 to the program.
- Continue program on Warning Status With Intent to Withdraw Approval.
- Continue suspension of prelicensure nursing program admissions.
- Require the program to inform all existing students and any prospective students that the program is placed on Warning Status With Intent to Withdraw Approval.

- The program is to provide a progress report to the Board office by December 1, 2013 reflecting full compliance with BRN regulations to be presented at the January 2014 Education/Licensing Committee meeting.
- A program representative is to be present at all Education/Licensing committee and Board meetings when program information is presented.
- The Nursing Education Consultant will continue monitoring the program as needed.
- The school is responsible under CCR 1432 to notify the Board, within ten days of, among other things, any changes in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program, or substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program.
- Failure to achieve full compliance with all deficiencies by December 1, 2013 may result in Board action to initiate withdrawal of program approval.

Public comment:

Dr. Mercy Popoola, MSN, PhD, RN
Jeremy Meyers, ITT Counsel
Carla Carter, MSN, Med, Program Director, ITT Technical Institute
Dr. Mercy Mott, Assistant Director, ITT Breckenridge
Terrie Snow, Shasta College, Redding
Janis Laiacona, MSN, RN, Nursing Program Director, Siskiyou College

MSC: Jackson/Phillips to accept the ELC recommendations listed above. 6/0/0

7.5 San Joaquin Valley College Associate Degree Nursing Program

Kelly McHan, NEC presented this report.

San Joaquin Valley College Associate Degree Nursing Program (SJVC) comes before the ELC for consideration of its approval status and for consideration of a major curriculum revision.

- Continuing approval was deferred by the Board on September 27, 2012 following two consecutive years with a substandard NCLEX pass rate (below 75% for first time test-takers). Currently, the program has sustained a substandard NCLEX pass rate for three consecutive years.
- In an effort to enhance student learning and improve outcomes, the program has submitted a proposal for a major curricular revision for its LVN to RN option. The curriculum revision is a separate agenda item. Please see Agenda Item 7.5 for the major curriculum revision proposal packet.

Janine Spencer, Ed.D., RN, has served as the program director since February 2008. Kathryn DeFede, M.S.N, RN, and Barbara Lund, M.S.N., RN, are assistant directors.

San Joaquin Valley College is a proprietary school accredited by the Accrediting Commission of Community and Junior Colleges/Western Association of Schools and Colleges. The executive office is located in Visalia and there are twelve campuses

throughout California. The registered nursing program is located solely on the Visalia campus.

The college received initial Board approval for an accelerated LVN to RN program in December 2005. The program is accelerated in that there are not traditional academic breaks. Course hours are offered over twenty-week terms; the academic load for each term is equal to a 15-week semester. After completion of prerequisite courses, LVN to RN enrollees can complete the program in two terms.

In June 2008 the Board granted approval for the program to add a generic associate degree (ADN) option. The curriculum for the generic program is an adaption of the California Community College Chancellor's Office ADN Curriculum Model. Some components of the original LVN to RN program were retained, including the scheduling of twenty-week terms. Eligible students can complete the generic ADN program in four twenty-week terms.

Deferred Approval Status

A regularly scheduled continuing approval visit was conducted on October 25 & 26, 2011, by Kelly McHan and Kay Weinkam, Nursing Education Consultants. At the time of the visit the NCLEX pass rate for the previous academic year was 53.95%. Please see the attached NCLEX report showing SJVC's NCLEX pass rates for each year since the first LVN to RN graduates completed the program in 2007. Findings included six areas of non-compliance: CCR 1431 NCEX-RN Pass Rate; CCR 1425 with reference to 1420(d), 1424(d) and1424(h) Prior Approval of Faculty; CCR 1424(h) with reference to 1420(f) and 1425(f) Content Experts; CCR 1424 (1) Total Program Evaluation Plan; CCR 1427(a)(c)(d) Clinical Facilities; and CCR 1426.1(b)(1) and (2) with reference to 1424(d) Preceptorship. Three recommendations were made.

Four of the six areas of non-compliance were rapidly resolved with administrative oversight and correction of the items. The fifth item, the Total Program Evaluation Plan, required substantial corrective action, including an interim visit by this NEC conducted January 2012. With the program's submission, in April 2012, of a comprehensive Total Program Evaluation Plan, the substandard NCLEX pass rate remained the sole regulatory non-compliance.

The November 2011 continuing approval visit was reported to the ELC on August 29, 2012. Board action at the September 27, 2012 Board meeting was "Defer Continuing Approval of San Joaquin Valley College Associate Degree Nursing Program."

The program continued its NCLEX improvement action plan and submitted a progress report in November 2012. A follow-up interim visit to review the program's implementation of the action plan was conducted in January 2013 by this NEC. Five recommendations related to CCR 1424 and 1426 were made and the NEC's written progress report of the program's actions for improvement was submitted to the ELC on March 6, 2013.

Substandard NCLEX Pass Rate

San Joaquin Valley College has sustained a substandard NLCEX pass rate for the past three consecutive academic years; 2010-2011, 2011-2012, and 2012-2013. The table

below lists the pass rates for SJVC nursing program candidates along with the aggregate California and National rates for the same academic years.

NCLEX Pass Rates; comparison of national US educated, California educated, and San Joaquin Valley College Graduates

Academic Year July 1 – June 30	Nationwide % Pass	California % Pass	SJVC % Pass
2010/2011	87.73	87.64	53.95
2011/2012	88.92	88.99	60.29
2012/2013	87.03	87.96	67.53

Factors Contributing to Poor Student Performance

Following commencement of the generic ADN program in 2008, SJVC continued to enroll eligible LVNs into exclusively LVN to RN cohorts. The program enrolls one generic ADN cohort each spring and one LVN cohort each winter with 36 students in each cohort.

In an effort to address the continuing substandard NCLEX pass rate, the program engaged in data collection and analysis of student performance, including input from faculty and students. The program's internal data reveals that the NCLEX pass rate of LVN to RN graduates has adversely affected the school's overall NCLEX pass rate, as illustrated in the table below.

NCLEX Pass Rate by Program Option Type

Academic Year July 1 – June 30	LVN to RN Option % Pass	Generic RN Option % Pass	All SJVC Graduates % Pass
2010/2011	54.28	53.85	53.95
2011/2012	52.5	79.3	60.29
2012/2013	61.8	79.41	67.53

The most recent graduates are a LVN to RN cohort and a generic RN cohort that graduated in November 2012. Sixty-eight of the seventy-one graduates sat for the NCLEX between November 2012 and June 2013. While the aggregate NCLEX pass rate for these graduates is 70.59%, the program has supplied its internal data showing that the pass rate for the generic RN option graduates is 79.3%.

The school submitted a progress report, received by the BRN 09-06-2013, showing the program's analysis of factors contributing to the performance of LVN to RN option students throughout the program. The report, including changes the program has made since January 2012 to improve the overall program, is summarized below.

- Lack of foundational nursing theoretical concepts in LVN enrollees.

- Student exam score data indicates that students in the LVN to RN "bridge" course do not possess basic nursing concepts at the level of corresponding generic RN students. During the NEC's visit, program faculty also stated that as a group, students in LVN to RN option cohorts are deficient in basic Medical-Surgical knowledge and clinical skills. In order to ensure that future enrollees enter the program with the necessary foundational theoretical nursing concepts, the program changed the preadmission screening tool from the ATI Test of Essential Academic Skills to the ATI LVN Step Assessment; this preadmission screen assesses student comprehension and mastery of basic principles including adult medical surgical nursing, nursing care of children, management, fundamentals, pharmacology, nutrition, mental health, maternal newborn nursing, priority setting, and the nursing process.

- Admission policies
  - The minimum average GPA required for all prerequisites was raised from 2.0 to 2.5 in January 2013. The program does not require a minimum average GPA for prerequisite science courses and there is no policy limiting the number of repeats of prerequisite courses.
  - The program had not developed an admission policy related to the enrollment of LVNs who had challenged the VN board without completing a VN program. The progress report indicates that LVN students who challenged the VN board have consistently been unsuccessful in passing the NCLEX-RN. The college now has an admission policy requiring LVN applicants who cannot provide transcripts from a VN program to reach a score of 66.4 on the preadmission ATI LVN Step Assessment. In addition, these applicants must also achieve a score of 75% on a comprehensive exam taken from the first year curriculum of the generic RN option.

- Curriculum delivery
  - While class and clinical hours are identical between the two groups, curriculum delivery for LVN to RN students was designed to accommodate working students. For generic RN students, courses and clinical experiences are delivered over three week days. Classes for LVN to RN option students are delivered over two days of the week. LVN to RN option students attend all theory courses on Fridays, while these same courses are divided between two days of the week for generic RN option students.

- Grading Policy and Standards
  - The course grading standard required students to achieve 74% of total course points in order to pass courses and progress to the next term. Extra credit, written assignments, and quizzes, along with completion of ATI modules and remediation were factored into the course points. Effective January 2013, the grading policy was revised to require a minimum average score of 75% on exams. Points achieved from additional assignments are now added only after the student has achieved 75% average on course examinations.

- Student Employment and Residence Distance from the Campus

- The RN program has identified that student employment while attending an accelerated nursing program is a contributing factor to poor student performance. The college's Student Entrance Survey of the December 2011 LVN to RN option graduates showed that 23% of students planned to work 21-30 hours per week, while 45% planned to work more than 31 hours per week. The same survey for November 2012 graduates showed that 20% planned to work 21-30 hours per week and 33% planned to work 31 or more hours per week.
- The program has also identified that the average commute for LVN to RN students is twice as far as the commute for generic RN students, with the 2011 and 2012 graduating LVN to RN cohorts commuting an average of 121-126 miles each way to attend the program. In contrast, the average commute for generic RN students is 58-68 miles each way.

In addition to the above specified changes already made, the program has reviewed and replaced various textbooks to support a more focused approach to clinical reasoning, improved student remediation methodologies, and provided faculty development resources.

The program has committed to provide significant resources for students who have not yet passed NCLEX. These include an open invitation for graduates to attend course lectures and skills labs, inviting graduates to attend upcoming Kaplan NCLEX reviews that are mandated for students, one-on-one tutoring with the director or a faculty member, use of campus resources in local areas, assistance with activation/reactivation of Virtual ATI or Kaplan NCLEX preparation programs, and financial reimbursement for completing the Virtual ATI NCLEX preparation program and waiting for the "green light" before taking NCLEX.

Currently enrolled generic RN option students include a group of 33 level two students expected to graduate in November 2013 and a group of 28 level one students expected to graduate in November 2014. One LVN to RN option cohort of 25 students is currently enrolled and will graduate in December 2013.

The school's plans for upcoming enrollments include a LVN to RN option cohort in January 2014 with an expected graduation in December 2014, and a generic RN option cohort in April 2014 with an expected graduation in November 2015.

The Board found the San Joaquin Valley College Associate Degree Nursing Program (SJVC) continues to be in noncompliance with requirements set forth in article 3 (commencing with section 1420) of Division 14 of Title 16 of the California Code of Regulation (CCR) regarding Board approved prelicensure nursing programs. Specifically, it was determined that SJVC was not in compliance with the following provision: CCR 1431. Licensing Examination Pass Rate Standard: The program's NCLEX-RN pass rate outcomes have been below the required 75% pass performance threshold for the past three consecutive years: 2010-11 53.95%; 2011-12 60.29%; 2012-13 67.53%.

Pursuant to this finding the Board deemed it necessary to impose the following actions and restrictions:

- Place program on Warning Status With Intent to Withdraw Program Approval.
- Restrict program admission of LVN-RN students to only one additional LVN-RN cohort limited to twenty-four (24) students in January 2014 with no further additional enrollment of LVN-RN students until NCLEX-RN results of LVN-RN cohort graduating December 2013 are available and found to be at or above the minimum pass rate of 75%.
- The Nursing Education Consultant will continue to monitor the program as needed.

MSC: Jackson/Klein to approve the actions listed above. 6/0/0

7.6 Licensing Examination Pass Rate Standard (EDP-1-29 REV 8/13, 09/11; Approved 2/09)
Leslie Moody, NEC presented this report.

NCLEX-RN pass rate for first time test-taker graduates of a program, and identifies actions to be taken when a program's graduates do not meet this performance threshold. BRN procedure EDP-I-29 Licensing Examination Pass Rate Standard provides an explanation of the procedure followed per CCR 1431. This procedure, created in 2009, was recently reviewed by the BRN Nursing Education Consultant group and revised to ensure clarity and consistency with current regulation. As with the previous version, this procedure will be placed in the Director's Handbook that is provided to all prelicensure program directors and content will be reviewed with the program directors at the Annual BRN Update.

LICENSING EXAMINATION PASS RATE STANDARD

Procedure for Management of Prelicensure Nursing Program Substandard NCLEX-RN Performance

Regulatory Authority:

CCR section 1431. Licensing Examination Pass Rate Standard

"The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing exam candidates.

(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.

(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.

(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code."

Procedure:
NCLEX-RN licensing examination statistics are distributed to programs on a quarterly basis. The Nursing Education Consultant (NEC) reviews the statistics and makes recommendations as needed after the end of each academic year (July 1 – June 30), which is the period used when assessing compliance with CCR Section 1431. The following steps will be taken when a program's performance fails to meet the minimum requirement of passing for 75% of first time test-takers completing the NCLEX-RN exam in an academic year.

1. First academic year of substandard performance:
   The NEC will send written notice to the program director advising of the program's noncompliance with CCR Section 1431 Licensing Examination Pass Rate Standard and that the program shall:
   a. conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate, and
   b. submit to the program's assigned NEC a written report that includes the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.

   The NEC will:
   a. report to Education Licensing Committee (ELC) in the Minor Curriculum Revision-Progress Report section regarding the noncompliance and progress report submitted by the program, and
   b. continue to monitor the program's implementation of the corrective plan including the program's NCLEX-RN outcomes, and
   c. if a continuing approval visit occurs during this period, document first-year noncompliance with CCR Section 1431 and actions taken to improve outcomes in the consultant's visit report.

2. Second consecutive academic year of substandard performance the NEC will:
   a. notify the program director and the college administrator, in writing, of noncompliance with CCR Section 1431 for a second consecutive year, and
   b. within six months, schedule a board approval visit that will include meeting with the program director, school administrator, and program faculty, and other activities necessary to determine whether an effective corrective action plan is being implemented, and
   c. present a written report of findings to the ELC as a continuing approval agenda item with program representation required at that meeting. If the program is scheduled for a continuing approval visit during this period, evaluation of the program's actions will be done as part of the scheduled visit, and second-year noncompliance with CCR Section 1431 along with actions taken to improve will be documented in the consultant's visit report. Program representatives will be required to attend the ELC meeting when the findings are presented. The ELC will review the report and make recommendations regarding the program's status at the next Board meeting.

If there is evidence the program cannot correct substandard performance, ELC recommendation and action of the Board may include placing the program on warning status with intent to revoke the program's approval or revocation of the program's

approval pursuant to section 2788 of the Business and Professions code, and/or other actions deemed necessary.

No public comment and no motion required.

7.7 BRN 2012-13 Annual School Survey

Leslie Moody, NEC presented this report.

The BRN 2012-2013 Annual School Survey is available online for nursing programs to complete. The BRN requests nursing programs to complete the survey as soon as possible so data can be compiled and reported in a timely manner. The deadline for submitting responses is November 15, 2013. The time period for the data being collected is from August 1, 2012 to July 31, 2013 and the survey census date is October 15, 2013.

All nursing program directors in California should have received e-mail notification of the survey on October 1, 2013. In order for schools to obtain access to the survey in a timely manner, they are asked to notify the Board of any program director email address changes as soon as possible, or if email notification regarding the survey is not received.

The survey collects data on enrollments, graduations, faculty, etc. from California pre-licensure nursing programs. While much of the content remains similar, revisions are made in order to collect more accurate data or to obtain information on current issues. The UCSF research center completes the data collection and reporting on behalf of the BRN. Reports compiled from data collected from previous surveys can be found on the BRN Web site at http://rn.ca.gov/forms/pubs.shtml.

Assistance for survey respondents is available from the BRN's Nursing Education Consultants and research specialist for content and from UCSF staff for technical issues. The Board anticipates that a draft statewide report will be available for the January/February 2014 Education Licensing Committee meeting and regional reports in March/April 2014. Data will be presented in aggregate form and will describe overall trends for both statewide and regional areas.

No public comment and no motion required.

7.8 NCLEX Pass Rate Update

Katie Daugherty, NEC presented this report.

The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES
October 1, 2012- September 30, 2013*

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California*	11,449	85.26
United States and Territories	154,954	84.29

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES
By Quarters and Year October 1, 2012- September 30, 2013*

10/01/12-12/31/12		1/01/13-3/31/13		4/01/13-6/30/13		7/01/13-9/30/13		10/1/12-9/30/13*	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
1,309	84.19	3,748	90.90	2,335	83.00	4,057	81.69	11,449	85.26

Includes (5), (6), (3) and (4) "re-entry" candidates.* ***Effective April 1, 2013, the 2013 NCLEX-RN Test Plan and the higher Passing Standard of 0.00 logit was implemented and remains effective through March 31, 2016. A logit is defined as a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties.*

The Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year (July 1-June 30), if there is substandard performance (below 75% pass rate for first time candidates), the NEC requests the program director submit a report outlining the program's action plan to address this substandard performance. Should the substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

California Board of Registered Nursing

NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type

Academic Year July 1, 2013-June 30, 2014

Academic Year July 1-June 30	July-Sept #Tested % Pass	Oct-Dec #Tested % Pass	Jan-Mar #Tested % Pass	April-June #Tested %Pass	2013-2014 Cumulative Totals
National US Educated- All degree types *	53,734 (80.7)				
CA Educated- All degree types*	4,057 (81.6)				
National-Associate Degree rates**	28,656 (79.5)				
CA-Associate Degree rates**	2,327 (83.3)				
National-BSN+ELM rates**/***	23,710 (82.0)				
CA-BSN+ELM rates**/***	1,724 (79.4)				

***National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.**

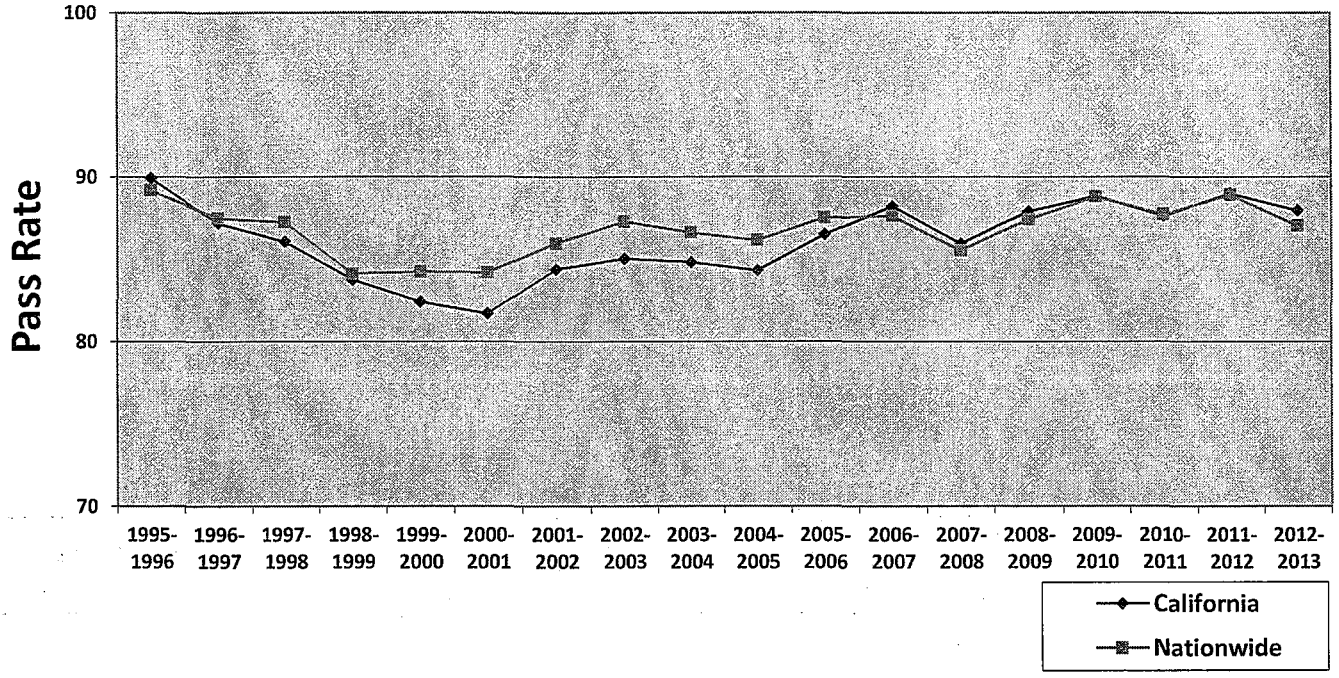
****National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.**

*****ELM program rates are included in the BSN degree category by NCSBN.**

Note: This report includes quarter to quarter corrections NCSBN has made in data. April 1, 2013 the NCLEX RN Test Plan changed and the Passing Standard became 0.00 logit.

Source: National Council of State Boards Pass Rate Reports

California Board of Registered Nursing
Trended Comparison of California and Nationwide Pass Rates
July 1, 1995 – June 30, 2013
U.S. Educated First-Time Candidates

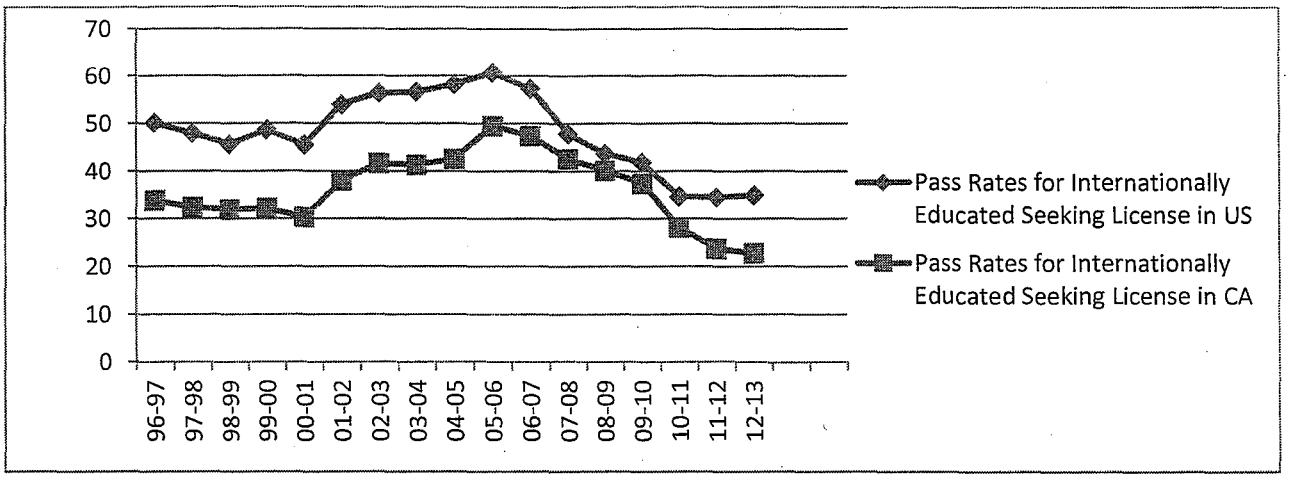


Year	California		Nationwide	
July1-June 30	# candidates	% Pass	# candidates	% Pass
1995-1996	5,443	89.93	92,905	89.19
1996-1997	5,805	87.18	87,725	87.47
1997-1998	5,375	86.05	87,921	87.24
1998-1999	5,075	83.74	77,193	84.11
1999-2000	5,167	82.41	72,696	84.24
2000-2001	4,952	81.70	69,271	84.19
2001-2002	5,018	84.38	67,120	85.96
2002-2003	5,666	85.03	79,635	87.29
2003-2004	6,011	84.81	82,743	86.62
2004-2005	6,327	84.31	94,056	86.15
2005-2006	7,237	86.50	105,427	87.52
2006-2007	8,330	88.21	114,762	87.61
2007-2008	9,151	85.93	123,133	85.51
2008-2009	10,499	87.90	133,788	87.42
2009-2010	11,141	88.83	143,702	88.80
2010-2011	11,183	87.64	145,613	87.73
2011-2012	10,733	88.99	151,135	88.92
2012-2013*	10,875	87.96	152,243	87.03

*4/1/2013 Test Plan and Passing standard change(0.00 logit)

Data Source: NCSBN Quarterly Pass Rate Reports

California Board of Registered Nursing
Comparison of National and California NCLEX Pass Rates
Internationally Educated First Time Candidates



Year	Intl. Edu. Seeking Licensure in a U.S. Jurisdiction		Intl. Edu. Seeking Licensure in California	
July 1–June 30	#Tested	%Pass	#Tested	%Pass
96-97	7,147	50.1	1,817	33.8
97-98	6,322	47.9	1,928	32.4
98-99	5,931	45.6	1,867	31.9
99-00	7,051	48.6	2,067	32.2
00-01	7,355	45.5	2,546	30.3
01-02	9,339	54.0	3,611	38.0
02-03	14,766	56.4	4,844	41.6
03-04	17,773	56.6	5,901	41.3
04-05	17,584	58.3	5,500	42.5
05-06	20,691	60.7	6,726	49.5
06-07	31,059	57.3	11,444	47.4
07-08	32,420	47.8	14,385	42.6
08-09	26,517	43.7	14,740	40.1
09-10	18,122	41.8	10,195	37.4
10-11	11,397	34.6	5,854	28.2
11-12	8,577	34.5	3,040	23.7
12-13	7,717	34.9	1,547	22.8

Source: NCSBN and CA BRN ATS Reports

Year to Year pass rate changes may be due to one or more factors, including, but not limited to:

*Global economy changes and changes in the RN labor market (fewer RN retirements/less turnover; etc.) in the U.S.

*Retrogression (limited visas available); slowed recruitment of internationally educated RNs by U.S. employers

*2010 BRN Social Security number requirements for all applicants

*Differences in international nursing education as compared with the U.S.; English language proficiency

*Differences in a country's nursing regulations and scope of practice as compared to the U.S.

*Differences in health care delivery systems as compared with the U.S.

*Differences in candidate preparation for the NCLEX examination as compared with the U.S.

No public comment and no motion required.

7.9 Licensing Program Report

Bobbi Pierce, Licensing Program Manager presented this report.

The Board of Registered Nursing Licensing Program is beginning to receive applications for fall 2013 graduates. The applications cannot be processed prior to the graduation or completion date provided by the nursing programs on the Individual Candidate Roster Director Approval forms. Interim Permits (IP) are issued the day after the applicant is deemed eligible for the NCLEX-RN examination.

Pending the implementation of BreEZe, the Mailroom, Cashiering Unit and Licensing Unit worked overtime on September 28 and 29th. This was to open incoming mail, cashier as many applications as possible and enter the applications on the existing ATS system to ensure the applicant information would migrate to BreEZe. If the applicant information was not on ATS, the entire application would have to be created

The computer conversion to BreEZe was implemented on October 8, 2013. As with any new system, there is a learning curve. Until staff is comfortable with the new system, there will be an increase in the time it takes to complete application evaluations. We will re-direct staff where needed to ensure the work is processed as timely as possible.

I attended the annual Deans and Directors conference in October. We discussed the use of the Individual Candidate Roster Director Approval form; specifically, determining a student's status. Graduate, Already has previous degree; Non-Graduate; LVN 30-Unit Option and Entry Level Master's Program. A student can have only one status; however, rosters were being received with more than one status checked.

Other topics discussed: receipt of questionable documents; on-line programs issuing diplomas based on life experience rather than completion of an academic program; evaluations completed by credentialing evaluation services and credit given for courses completed outside of the United States.

A continuing problem is schools not sending notification when a student did not complete the program, and with students knowing they did not complete the program taking the examination, because they received an eligibility letter from the Board. If this continues to be a problem, the Board will discuss other methods for processing applications to ensure that only fully qualified applicants are tested.

Statistics:

The statistics for the last two fiscal years and the first three months of fiscal year 2013/14 are attached.

Issues:

- Applications are still being received from students who attended nursing programs in the Philippines beginning in 2004/2005 who do not complete the clinical cases, required as part of the curriculum, concurrently with the associated theoretical instruction. California Code of Regulations Section 1426 (d) requires that theory and

clinical practice be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics.

Because the schools are aware of the issue, applicants previously found to not meet requirements are resending the same clinical case information; however, the dates have been changed so they appear to have been completed concurrently with the associate theoretical instruction.

- We are still receiving questionable transcripts and nursing licenses from the Cameroon. Philippines, Nigeria, Sierra Leone, and Armenia. We are routinely contacting nursing programs and asking if the applicant(s) attended the program. This is a lengthy process, but one we feel is necessary to have a level of assurance that the student(s) really attended the program.

- Another increasing problem is the receipt of multiple sets of documentation from the same nursing program for the same applicant. Each set contains different information; i.e., different hours of completed theoretical instruction and clinical practice. Because of the discrepancies we cannot always determine if the completed nursing program meets our education requirements.

- We are still receiving applications from students who attended on-line programs offering degrees based on work and/or life experiences. The student can receive a degree without ever speaking to an instructor, opening a book or attending classes. The degree can be awarded in as few as 7 days. A transcript for an applicant who completed one of these programs was sent from a company based in the United Arab Emirates.

CALIFORNIA BOARD OF REGISTERED NURSING
LICENSING STATISTICS

	FISCALYEAR 2011/12			FISCAL YEAR 2012/13			FISCAL YEAR 2013/14 (July 1, 2013 to October 3, 2013)		
DESCRIPTIONS	**APPS RECEIVED**	****APPS PENDING**	**LICENSES & CERTS ISSUED**	**APPS RECEIVED**	****APPS PENDING**	**LICENSES & CERTS ISSUED**	**APPS RECEIVED**	****APPS PENDING**	**LICENSES & CERTS ISSUED**
REGISTERED NURSE – EXAMINATIONS ENDORSEMENTS & REPEATERS	37,226	4,725	22,853	34,571	10,668	21,842	8,036	10,478	8,079
CLINICAL NURSE SPECIALISTS	246	101	200	234	118	201	60	134	61
NURSE ANESTHETISTS	185	31	169	181	60	176	62	66	33
NURSE MIDWIVES	74	21	58	68	22	49	22	24	27
NURSE MIDWIFE FURNISHING NUMBER	37	4	37	62	13	48	28	13	34
NURSE PRACTITIONERS	1,273	248	1,161	1,399	199	1,204	501	269	663
NURSE PRACTITIONER FURNISHING NUMBER	894	149	857	1,902	174	1,634	603	275	696
PSYCH/MENTAL HEALTH LISTING	8	10	2	12	18	3	9	26	1
PUBLIC HEALTH NURSE	3,032	474	2,853	3.403	840	3,148	1.029	709	1,237

**Applications pending – Initial evaluation is complete; additional documentation required to complete file or applicant needs to register with testing vendor

No public comment and no motion required.

8.0 Report of the Legislative Committee
Erin Niemela, Chairperson

8.1 Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session
Kay Weinkam, NEC presented this report.

Bill No.:	AB 154 (Atkins)
Subject:	Abortion
Bill Status:	Chapter 662, Statutes of 2013
Bill No.:	AB 361 (Mitchell)
Subject:	Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions.
Bill Status:	Chapter 642, Statutes of 2013
Bill No.:	AB 633 (Salas)
Subject:	Emergency medical services: civil liability.
Bill Status:	Chapter 591, Statutes of 2013
Bill No.:	AB 1057 (Medina)
Subject:	Professions and vocations: licenses: military service.
Bill Status:	Chapter 693, Statutes of 2013
Bill No.:	SB 271 (Hernandez)
Subject:	Associate Degree Nursing Scholarship Program.
Bill Status:	Chapter 384, Statutes of 2013
Bill No.:	SB 352 (Pavley)
Subject:	Medical assistants: supervision.
Bill Status:	Chapter 286, Statutes of 2013
Bill No.:	SB 440 (Padilla)
Subject:	Public postsecondary education: Student Transfer Achievement Reform Act.
Bill Status:	Chapter 720, Statutes of 2013
Bill No.:	SB 723 (Correa)
Subject:	Veterans.
Bill Status:	Vetoed
Bill No.:	SB 809 (DeSaulnier)
Subject:	Controlled substances: reporting.
Bill Status:	Chapter 400, Statutes of 2013

No public comment and no motion required.

9.0 Report of the Diversion/Discipline Committee

Cynthia Klein, RN, Chairperson

9.1 Complaint Intake and Investigations Update

Stacie Berumen, Assistant Executive Officer presented this report.

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff

Complaint Intake is fully staffed.

Due to lack of competitive compensation, we have been unable to recruit an NEC to cover the entire Enforcement Division.

Program

Fingerprint Requirement – We continue to refer the 1,222 licensees who failed to provide proof of fingerprint submission for the retroactive fingerprint project. These licenses were inactivated and are currently being referred to Complaint Intake for issuance of a citation and fine for non-compliance.

There are still a large number of nurses who do not fully meet the fingerprint requirements in CCR 1419(b). Approximately 75,398 nurses licensed between 1990-1998 submitted paper fingerprint cards but these cards are not part of the LiveScan process and the record of submission no longer exists. Approximately 97,041 nurses licensed by examination from 1998 – June 2008 were fingerprinted for review by the Department of Justice but must submit fingerprints for review by the FBI as it was not required prior to July 2008.

Christina Sprigg contacted DOJ in August 2013 to initiate the discussion. She was told all hard cards have been scanned into their system yet we continue to receive information from licensees regarding convictions we are not aware of. Stacie Berumen requested assistance from DOJ to identify how many licensees might need to be fingerprinted again to meet the electronic record requirement. An update will be provided.

Staff came in on overtime the weekend of October 6-7, 2013 to ensure all new complaints were entered and up to date in the legacy systems. Staff is acclimating to BreEZe and backlog updates will be provided at all future meetings.

Statistics

As of September 30, 2013, we received 2,324 complaints. The average time to close a complaint not referred to discipline went from 164 days in July 2012 to 123 days.

INVESTIGATIONS:

Staff

Both Investigation units are fully staffed.

Program

We continue to have issues obtaining documents, primarily from Kaiser North. In addition, we are now being told we must issue subpoenas in order to interview staff and managers. Failure of the facility to comply has and will continue to result in referrals to the Attorney General's office to obtain court orders to enforce compliance. This is causing major delays in case completion timeframes with some exceeding 4 months.

Investigators are focused on clearing all the oldest cases by the end of the calendar year.

Southern Supervisor and Investigators presented information to CDPH South San Diego division on September 24, for approximately 50+ RN staff. They are responsible for Imperial and east county. A presentation was previously provided to the northern San Diego division.

Two southern investigators attended the Orange County RX Drug Coalition meeting on September 19th.

Southern Supervisor and an Investigator met with San Diego DA and State Department of Insurance for case review and meet and greet on September 18 and 19, 2013.

The California Department of Public Health requested BRN participation in the California Partnership to Improve Dementia Care. The southern Supervisor and an Investigator attended a meeting on August 21st. It is a working group and staff will continue to participate as needed.

The northern supervising investigator attended a joint training on September 24, hosted by the Emergency Medical Services Authority. The training was provided by the CA Office of Health Information and Integrity (CalOHII) regarding HIPAA and its applicability to regulatory function.

The northern supervisor is working with OHII to get informational training specific to the BRN and our regulating codes.

Two investigators are scheduled to attend the second annual National Elder Abuse Symposium provided by the California District Attorney's Association in Anaheim in December 2013.

Statistics

The following are internal numbers (end of month) across all investigators not broken out on the performance measurement report.

BRN Investigation Unit	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013
Total cases assigned	268	341	272	272	267	253
Total cases unassigned (pending)	135	136	123	117	72	104
Average days to case completion	293	311	261	272	238	292
Average cost per case	$4,223	$5,421	$3,215	$3,561	$3,028	$3,105
Cases closed	19	13	32	29	37	42

BRN Investigation Unit	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013
Total cases assigned	266	279	270			
Total cases unassigned (pending)	83	64	104			
Average days to case completion	275	263	212			
Average cost per case	$3,211	$3,194	$2,920			
Cases closed	35	34	23			

As of September 30, 2013, there were 605 DOI investigations pending.

Please review the enforcement statistics reports in 9.3 for additional breakdown of information.

No public comment and no motion required.

9.2 Discipline and Probation Update
Beth Scott, Discipline, Probation and Diversion Deputy Chief.

PROGRAM UPDATE

Staff
The Probation Unit is fully staffed with 6 monitors and one OT. One probation monitor is devoted to the BreeZe project full time; therefore, this workload is absorbed by the manager and other monitors.

The Discipline Unit is fully staffed with five case analysts, two legal support analysts, one cite and fine analyst and two OTs. We have been able to hire a retired annuitant for discipline, as well as one seasonal staff for probation and discipline. One discipline analyst continues to work on the Breeze project full-time; with her workload absorbed by the deputy chief. We will begin transitioning this case load back to the analyst gradually over the next couple months.

Program – Discipline
There are 1,936 open discipline cases with an average case load per analyst at 387. There are approximately 2,153 (total reflects discipline & probation as of October 3, 2013) cases at the AG's office.

We are working with the liaison Deputies Attorney General to develop a plan of action for those cases over six months old without a pleading filed.

The Legal Support Analyst started preparing default decisions for the Attorney General's Offices in Sacramento, effective October 1, 2012, and the Los Angeles office, effective July 1, 2013. We will continue this pilot project adding the San Diego Attorney General's Office in or about January 2014. The Legal Support Analyst has been working under the direction of DCA Legal Counsel to prepare default decisions for the Oakland and San Francisco AG Offices for approximately three years.

Below reflects FY2014 to present (July 1, 2013-October 22, 2013)

Decisions Adopted by Board	445
Pending Processing by legal support staff	83
Accusations/ PTR served	498

Staff continues to increase its usage of citation and fine as a constructive method to inform licensees and applicants of violations which do not rise to the level of formal disciplinary action.

The BRN continues to issue citations for address change violations pursuant to the California Code of Regulations §1409.1. The BRN website was updated with a reminder of the address change requirement.

The BRN continues to issue citations for failure to comply with the fingerprint requirement pursuant to the California Code of Regulations §1419, §1419.1 and §1419.3

Citation information below reflects FY2014 to present (July 1, 2013 – October 3, 2013).

Number of citations issued	187
Total fines ordered	$82,175.00
Fines paid (amounts include payments from fines issued in prior fiscal year)	$79,478.00
Citations pending issuance	2000+

The Discipline Unit continues to work on the NURSYS discipline data comparison project (SCRUB). The status of the documents reviewed:

Referred to the Attorney General	735
Pleadings Received	623
Default Decisions Effective	283
Stipulated Decisions Effective	183
Referred to Cite and Fine	74
Closed Without Action (Action taken by CA (prior to 2000) but not reported to Nursys or information approved at time of licensure)	940

AG Costs:
As of October 15, 2013, the BRN has expended $1,684, 870 at the AG's office on the NURSYS SCRUB cases.

Statistics - Discipline
Please review additional statistical information which can be found under item 9.3.

Program – Probation
The case load per probation monitor is approximately 126.

Two of the probation monitors attended the "How to Testify in the Courtroom" class offered by the DCA training office. They found this class very beneficial in their position with the probation unit. Two more of the probation monitors will be attending the class on October 24, 2013.

Statistics – Probation
Below are the statistics for the Probation program from July 1, 2013 to October 22, 2013

Probation Data	Numbers	% of Active
Male	206	27%
Female	550	73%
Chemical Dependency	388	52%
Practice Case	212	28%
Mental Health	0	0%
Conviction	156	20%
Advanced Certificates	76	10%
Southern California	397	52%
Northern California	359	48%
Pending with AG/Board	80	11%
License Revoked **YTD**	12	2%
License Surrendered **YTD**	22	3%
Terminated **YTD**	7	>1%
Completed **YTD**	32	4%
Active in-state probationers	**756**	
Completed/Revoked/Terminated/ Surrendered **YTD**	73	
Tolled Probationers	236	
Active and Tolled Probationers	**992**	

No public comment and no motion required.

9.3 Enforcement Statistics
Beth Scott, Discipline, Probation and Diversion Deputy Chief

Statistics for the Enforcement Division

BOARD OF REGISTERED NURSING
ENFORCEMENT MEASURES
FOR ALL IDENTIFIERS
07/01/2013 THRU 09/30/2013

COMPLAINT INTAKE

COMPLAINTS	JUL-13	AUG-13	SEP-13	YTD
RECEIVED	189	496	399	1084
CLOSED W/O INV ASSIGNMENT	47	67	64	178
ASSIGNED FOR INVESTIGATION	133	457	350	940
AVG DAYS TO CLOSE OR ASSIGN	15	47	10	28
PENDING	130	104	86	86

CONVICTIONS/ARREST REPORTS	JUL-13	AUG-13	SEP-13	YTD
RECEIVED	447	509	284	1240
CLSD/ASSGND FOR INVESTIGATION	442	518	357	1317
AVG DAYS TO CLOSE OR ASSIGN	8	11	9	9
PENDING	89	80	7	7

TOTAL INTAKE	JUL-13	AUG-13	SEP-13	YTD
RECEIVED	636	1005	683	2324
CLOSED W/O INV ASSIGNMENT	55	87	84	226
ASSIGNED FOR INVESTIGATION	567	955	687	2209
AVG DAYS TO CLOSE OR ASSIGN	10	29	10	18
PENDING	219	184	93	93

INVESTIGATIONS

DESK INVESTIGATIONS	JUL-13	AUG-13	SEP-13	YTD
ASSIGNMENTS	554	933	658	2145
CLOSED	677	721	738	2136
AVERAGE DAYS TO CLOSE	85	135	113	112
PENDING	2667	2825	2703	2703

FIELD INVESTIGATIONS:NON-SWORN	JUL-13	AUG-13	SEP-13	YTD
ASSIGNMENTS	30	44	39	113
CLOSED	22	35	43	100
AVERAGE DAYS TO CLOSE	738	877	869	843
PENDING	480	489	484	484

FIELD INVESTIGATIONS:SWORN	JUL-13	AUG-13	SEP-13	YTD
ASSIGNMENTS	60	32	34	126
CLOSED	53	57	57	167
AVERAGE DAYS TO CLOSE	486	496	519	501
PENDING	654	629	605	605

ALL INVESTIGATIONS	JUL-13	AUG-13	SEP-13	YTD
FIRST ASSIGNMENTS	567	960	692	2219
CLOSED	752	813	838	2403
AVERAGE DAYS TO CLOSE	133	192	179	169
PENDING	3801	3943	3792	3792

ALL INVESTIGATIONS AGING	JUL-13	AUG-13	SEP-13	YTD
UP TO 90 DAYS	524	502	548	1574
91 TO 180 DAYS	60	43	55	158
181 DAYS TO 1 YEAR	68	105	69	242
1 TO 2 YEARS	74	113	112	299
2 TO 3 YEARS	17	28	31	76
OVER 3 YEARS	9	22	23	54

CLOSED W/O DISCIPLINE REFERRAL	JUL-13	AUG-13	SEP-13	YTD
CLOSED	601	625	619	1845
AVERAGE DAYS TO CLOSE	91	162	114	123

ENFORCEMENT ACTIONS

AG CASES	JUL-13	AUG-13	SEP-13	YTD
AG CASES INITIATED	111	116	170	397
AG CASES PENDING	2098	2086	2151	2151

SOIs/ACCUSATIONS	JUL-13	AUG-13	SEP-13	YTD
SOIs FILED	11	9	4	24
ACCUSATIONS FILED	189	133	120	442

SOI DECISIONS/STIPS	JUL-13	AUG-13	SEP-13	YTD
PROP/DEFLT DECISIONS	5	3	1	9
STIPULATIONS	7	4	4	15

ACC DECISIONS/STIPS	JUL-13	AUG-13	SEP-13	YTD
PROP/DEFLT DECISIONS	61	50	48	159
STIPULATIONS	45	45	41	131

SOI DISCIPLINARY ORDERS	JUL-13	AUG-13	SEP-13	YTD
SOI FINAL ORDERS (DEC/STIPS)	12	7	5	24
AVERAGE DAYS TO COMPLETE	600	690	644	636

ACC DISCIPLINARY ORDERS	JUL-13	AUG-13	SEP-13	YTD
ACC FINAL ORDERS (DEC/STIPS)	106	95	89	290
AVERAGE DAYS TO COMPLETE	699	686	671	686

TOTAL DISCIPLINARY ORDERS	JUL-13	AUG-13	SEP-13	YTD
TOTAL FINAL ORDERS (DEC/STIPS)	118	102	94	314
TOTAL AVERAGE DAYS TO COMPLETE	689	686	670	683

TOTAL ORDERS AGING	JUL-13	AUG-13	SEP-13	YTD
UP TO 90 DAYS	0	0	0	0
91 TO 180 DAYS	0	1	0	1
181 DAYS TO 1 YEAR	15	10	14	39
1 TO 2 YEARS	61	51	46	158
2 TO 3 YEARS	32	29	25	86
OVER 3 YEARS	10	11	9	30

SOIs WDRWN DSMSSD DCLND	JUL-13	AUG-13	SEP-13	YTD
SOIs WITHDRAWN	0	0	0	0
SOIs DISMISSED	0	0	0	0
SOIs DECLINED	0	0	0	0
AVERAGE DAYS TO COMPLETE	0	0	0	0

ACCUSATIONS WDRWN DSMSSD DCLND	JUL-13	AUG-13	SEP-13	YTD
ACCUSATIONS WITHDRAWN	1	4	2	7
ACCUSATIONS DISMISSED	1	0	2	3
ACCUSATIONS DECLINED	12	5	2	19
AVERAGE DAYS TO COMPLETE	750	714	797	749

NO DISCIPLINARY ACTION	JUL-13	AUG-13	SEP-13	YTD
CLOSED W/O DISCIPLINARY ACTION	0	10	3	13
AVERAGE DAYS TO COMPLETE	0	256	450	301

CITATIONS	JUL-13	AUG-13	SEP-13	YTD
FINAL CITATIONS	64	67	42	173
AVERAGE DAYS TO COMPLETE	422	427	476	437

OTHER LEGAL ACTIONS	JUL-13	AUG-13	SEP-13	YTD
INTERIM SUSP ORDERS ISSUED	1	1	0	2
PC 23 ORDERS ISSUED	2	0	1	3

BOARD OF REGISTERED NURSING
PERFORMANCE MEASURES
FOR ALL IDENTIFIERS
07/01/2013 THRU 09/30/2013

PERFORMANCE MEASURES

	JUL-13	AUG-13	SEP-13	YTD
PM1: COMPLAINTS VOLUME	189	496	399	1084
PM1: CONV/ARREST RPRTS VOLUME	447	509	284	1240
PM2: CYCLE TIME-INTAKE	10	29	10	18
PM3: CYCLE TIME-NO DISCIPLINE	91	162	114	123
PM4: CYCLE TIME-DISCIPLINE	689	648	663	667

PM1: COMPLAINTS VOLUME - PM1: CONV/ARREST RPRTS VOLUME
Number of Complaints and Convictions/Arrest Orders Received within the specified time period.

PM2: CYCLE TIME-INTAKE
Average Number of Days to complete Complaint Intake during the specified time period.

PM3: CYCLE TIME-NO DISCIPLINE
Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

PM4: CYCLE TIME-DISCIPLINE
Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.

CALIFORNIA BOARD OF REGISTERED NURSING
ENFORCEMENT STATISTICS
September 30, 2013

STATISTICAL DESCRIPTION	2009-10	2010-11	2011-12	2012-13	2013-14	Projected FY 2013-14
Complaints Received	7,483	7,977	7,844	8,330	2,324	9,296
Consumer Complaints	2,190	3,063	2,735	2,876	1,084	4,336
Convictions/Arrests	5,293	4,914	5,109	5,454	1,240	4,960
Referred to Diversion Program	604	368	1,053	1,004	220	880
Division of Investigation (Sworn)-Assigned	484	835	693	586	126	504
Division of Investigation Closed	1,015	716	648	802	167	668
Division of Investigation Pending	641	789	851	628	605	
BRN Investigations (Non Sworn)-Assigned	58	33	298	331	113	452
BRN Investigations Closed	14	53	27	251	100	400
BRN Investigations Pending	40	25	280	473	484	
BRN Desk Investigations Assigned	7,865	7,409	7,204	7,716	2,145	8,580
BRN Desk Investigations Closed	7,116	6,668	5,925	8,107	2,136	8,544
BRN Desk Investigations Pending	1,887	2,137	3,029	2,601	2,703	
Criminal Actions Filed	21	16	9	54	3	12
Total Cite and Fine Citations Issued	181	105	412	769	173	692
Referred to Attorney General	766	1,190	944	1,773	397	1,588
Cases Pending at Attorney General	838	1,198	1,448	2,087	2,151	
Petitions to Revoke Probation Filed	91	61	55	77	19	76
Accusations Filed	696	913	589	1,164	423	1,692
Statements of Issues Filed	13	52	132	131	24	96
Total Pleadings	800	1,026	776	1,372	466	1,864
Orders to Compel Examination (Sec. 820)	4	10	12	17	8	32
Interim Suspension Order	8	1	0	4	2	8
PC23	6	7	8	18	3	12
Applicant Disciplinary Actions:						
(a) License Denied	27	55	72	90	17	68
(b) License Issued on Probation	9	14	43	83	15	60
Total, Applicant Discipline	36	69	115	173	32	128
Licensee Disciplinary Actions:						
(a) Revocation	243	273	227	304	153	612
(b) Probation	176	267	225	277	64	256
(c) Suspension/Probation	1	6	3	1	0	0
(d) License Surrendered	92	155	128	167	60	240
(e) Public Reprimand/Reproval	12	37	79	81	13	52
(f) Decisions Other	2	5	3	2	0	0
Total, Licensee Discipline	526	743	665	832	290	1,160
Process Used for Discipline (licensees)						
(a) Administrative Hearing	58	102	121	106	11	44
(b) Default Decision	206	217	183	251	148	592
(c) Stipulation	262	424	361	475	131	524
Total	526	743	665	832	290	1,160

No public comment and no motion required.

9.4 Diversion Program Update and Statistics

Carol Stanford, Diversion Program Manager presented this report.

Program Update

The BRN's Diversion's Program has hundreds of stories of nurses' lives that have been changed by treatment and recovery support who are now living a life of successful recovery. Yet there is very little known about the public's perceptions of recovery; most studies have examined the public's views of alcohol and drug use and misuse. One of the few if not only public surveys on recovery-related issues found that 39% of those polled knew someone (a family member, a close friend, or both) who is in recovery from addiction to alcohol or other drugs (Hart, 2004). In the survey when asked what definition best matches their understanding of someone "in recovery from addiction to alcohol or other drugs," more than half (62%) said that it means the person is currently trying to stop using alcohol or illicit drugs. Only 22% said that the person in recovery is no longer using alcohol or illicit drugs. Even those who know someone in recovery overwhelmingly believe that someone in recovery is "trying to stop using alcohol or drugs." (Hart, 2004). Abstinence is refraining from the ingestion of alcohol or other drugs. Recovery, however, is a lifestyle change and is the process by which the substance use disorder is recognized as problematic and avoided (Laudet, 2007). Many nurses indicate they are more patient, tolerant and compassionate as a result of the work they did in recovery.

On September 4, 2013, the Diversion Program staff participated in the Recovery Happens rally at the State Capitol in Sacramento California. There were over 5,000 participants at the rally. Several nursing students and professors were also at the rally and they indicated they were glad to see the Board of Registered Nursing's (BRN) presence and support for the recovery community. The BRN is aware of the latest Center of Disease Control (CDC) reports that there is a prescription drug epidemic in this country (CDC 2011). The BRN acknowledges that our students and health care professionals are not immune to this epidemic and substance use disorders within the healthcare community. The Diversion Program is proactive in reaching the nursing community regarding addiction and recovery.

At the September 11th and 12th board meeting, staff set up a BRN information table with brochures and information relating to the Diversion Program, addiction and enforcement for anyone attending the meeting. This was the first time this type of information had been provided at a board meeting. Several students and other professionals received important information regarding the BRN, its Diversion and Enforcement Units. Staff was able to answer several questions of those individuals present. It was successful and the table may become part of the BRN's outreach to the nursing community during future board meetings.

Contractor Update

The BRN received the annual report from Maximus. It outlines trends and statistics as it relates to all the Diversion Programs monitored by Maximus. This report is required by contract and is available for your review upon request.

Diversion Evaluation Committees (DEC)

The BRN has several registered nurses appointed as DEC members who are honored in the nursing community. The Diversion Program would like to take this opportunity to recognize Gordon Ogden, RN, MFT. He was inducted into the 2013 Central San Joaquin Valley Nursing Hall of Fame on September 19, 2013. This prestigious award honors the distinctive career of nurse leaders within the seven county regions of the Central San Joaquin Valley who have promoted the nursing profession through a lifetime of dedicated work and experience. Gordon is only the 10th person to ever receive this award. He has served in excellence as a faithful DEC member for the Board of Registered Nursing. Congratulations to him for this well-deserved recognition.

There are currently 2 vacancies at this time: two physicians. Recruitment efforts continue.

Statistics

The Statistical Summary Report for July and August 2013 is attached. As of August 31, 2013, there were 1,803 successful completions.

BOARD OF REGISTERED NURSING
DIVERSION PROGRAM
STATISTICAL SUMMARY
July 1, 2013 - August 31, 2013

	CURRENT MONTHS	YEAR TO DATE (FY)	PROGRAM TO DATE
INTAKES COMPLETED	33	33	4,697
INTAKE INFORMATION			
Female	28	28	3,678
Male	5	5	992
Unknown	0	0	27
Average Age	40-45		
Most Common Worksite	ER		
Most Common Specialty	Critical Care/ER		
Most Common Substance Abused	Alcohol		
PRESENTING PROBLEM AT INTAKE			
Substance Abuse (only)	14	14	2,993
Mental Illness (only)	0	0	153
Dual Diagnosis	10	17	1,495
Undetermined	0	2	56
REFERRAL TYPE*			
Board	11	25	3,407
Self	3	8	1,290
*May change after Intake			
ETHNICITY (IF KNOWN) AT INTAKE			
American Indian/Alaska Native	0	0	34
Asian/Asian Indian	1	2	104
African American	0	1	148
Hispanic	0	0	189
Native Hawaiian/Pacific Islander	0	0	20
Caucasian	13	30	3,870
Other	0	0	66
Not Reported	0	0	266
CLOSURES			
Successful Completion	10	24	1,803
Failure to Derive Benefit	1	2	119
Failure to Comply	1	1	950
Moved to Another State	0	0	52
Not Accepted by DEC	0	0	51
Voluntary Withdrawal Post-DEC	0	1	314
Voluntary Withdrawal Pre-DEC	1	1	463
Closed Public Risk	3	5	274
No Longer Eligible	0	0	13
Clinically Inappropriate	0	0	19
Client Expired	0	0	38
Sent to Board Pre-DEC	0	0	1
TOTAL CLOSURES	16	34	4,097
NUMBER OF PARTICIPANTS: 473 (as of August 31, 2013)			

9.5 Information Only: Status "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees"—Business and Professions Code, Section 315
Geri Nibbs, NEC presented this report.

BACKGROUND

Senate Bill 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) established in the Department of Consumer Affairs (DCA) the Substance Abuse Coordination Committee (SACC), which was comprised of the executive officers of the DCA healing arts boards and a designee of the State Department of Alcohol Drug Programs. The SACC was charged with, by January 1, 2010, formulating uniform and specific standards (Uniform Standards) in sixteen specified areas that each healing arts board would be required to use in dealing with substance-abusing licensees. The initial Uniform Standards were completed April 2010 and revised April 2011.

The enabling legislation was largely driven by the failure of the Medical Board's Diversion Program, which was created in 1981. The program had been subject to five external audits in its 27-year history and had failed all five audits. The audits uniformly concluded that "...the program has inadequately monitored substance-abusing physicians and has failed to promptly terminate from the program, and appropriately refer for discipline, physicians who do not comply with the terms and conditions of the program, thus placing patients at risk of harm." The Medical Board's Diversion Program became inoperative on June 30, 2008. Another legislative consideration was health care licensing boards having inconsistent or nonexistent standards that guided the way they dealt with substance-abusing licensees.

In response to the legislative mandate, in March 2011, the Board promulgated a regulatory proposal revising its Disciplinary Guidelines to:

- incorporate the Uniform Standards (April 2010), by reference;
- require an Administrative Law Judge to apply the Uniform Standards where an applicant or licensee has a substance abuse disorder;
- revise standard and optional conditions in the Disciplinary Guidelines to reflect the Uniform Standards; and
- revise and update the standard and optional probation conditions for purposes of clarity, to reflect current Probation Program policies and procedures, as well as to make technical changes.

The regulatory proposal was not submitted to the Office of Administrative Law within the one-year time frame and expired.

The Board's regulatory proposal did not adhere strictly to the Uniform Standards and differed in at least three ways. These differences were:

1. Permitted the Board to determine whether individual conditions were to be ordered. The Uniform Standards did not include this broad discretionary authority.

2. Specified two options for drug testing frequency: 1) as approved by the Board, or 2) at least 104 times per year for the first year then decreasing to at least 50 times per year thereafter. The Uniform Standards required testing at least 104 times a year the first year and at least 50 times a year thereafter; the Board did not have the authority to require less than 104 times per year. This standard was significantly modified in the 2011 revision, including establishing two levels for drug testing (Year 1 52 – 104 tests; and Year 2+ 36 to 104 tests), providing for exceptions to the testing frequency, and requiring boards to collect and report historical and post-implementation data to measure outcomes and effectiveness.
3. Did not require the licensee to cease practice for the first 30 days of probation and to test twice a week during this period, as specified in the Uniform Standards.

In April 2012, Doreathea Johnson, Deputy Director, DCA Legal Affairs, issued an opinion regarding the Uniform Standards addressing several questions/issues that had been raised concerning the Uniform Standards. The Legislative Counsel Bureau (Legislative Counsel) and the Office of the Attorney General (AG) had rendered opinions regarding the Uniform Standards, which were taken into consideration in Ms. Johnson making the following determinations:

1. Boards do not retain the discretion to modify the content of the specific terms or conditions that make up the Uniform Standards. (Concurs with Legislative Counsel and AG opinions.)
2. All uniform standards must be applied to cases involving substance-abusing licensees, unless the Uniform Standards specifically provide otherwise. (Concurs with Legislative Counsel and AG opinions.)
3. SACC is not the rulemaking entity with respect to Uniform Standards, and therefore does not have authority to adopt the Uniform Standards as regulations. (Concurs with AG opinion; Legislative Counsel concluded SACC had the authority.)

Ms. Johnson recommended boards move forward as soon as possible to implement the Uniform Standards mandated by Business and Professions Code, Section 315.

Diversion/Discipline Committee Recommendations: Direct staff to research, prepare and provide additional information for discussion at the January 2014 DDC meeting. The research is to include:

1. Comparison of Uniform Standards, Diversion Program and Probation Program identifying congruencies, differences, and issues.
2. Determining the impact of implementing the Uniform Standards, including potential fiscal impact on Board and licensees.
3. Conferring with Legal Counsel regarding any conflicts between the Uniform Standards and existing laws and regulations; definition of "substance abusing licensee;" and inclusion of Standards in the Board's Disciplinary Guidelines in contrast to adopting a separate regulation.

4. Monitor Pharmacy Board's request for Attorney General's Opinion on implementation of the Uniform Standards.

Public comments:

Kelly Green, CNA
Tricia Hunter, MN, RN, ANA\C
Jeannie King, One to one, RN, SEIU

No motion required.

10.0 Report of the Nursing Practice Committee
Trande Phillips, RN, Chairperson

10.1 Information Only: Advanced Practice Registered Nurse (APRN) BRN Staff Workgroup Update
Janette Wackerly, Supervising NEC presented this report.

BACKGROUND

At the April 10, 2013 Board meeting, the Board approved a request from the Nursing Practice Committee to appoint an advanced practice registered nurse (APRN) advisory committee. Suggested goals of the advisory committee were to review and recommend to the Board:

- Respond to the changing health care environment by addressing changes in rules and regulations.
- Respond to APRN regulations and need for updating for practice and education.
- Discuss scope of practice and educational issues.

Louise Bailey, Executive Officer, announced at the August 7, 2013, Nursing Practice Committee meeting that due to BRN budgetary constraints it is not possible to fund an APRN Advisory Committee. In order to move forward in providing the Nursing Practice Committee and Board the requested information, an internal Board staff workgroup has been established. Workgroup membership includes:

Janette Wackerly, MBA, BSN, RN–SNEC-North and Nursing Practice Committee Staff Liaison
Miyo Minato, MN, RN–SNEC-South and Nursing Education Committee Staff Liaison
Katie Daugherty, MN, RN – NEC-North
Carol McKay, MN, RN – NEC-South
Julie Campbell-Warnock, MA – Research Program Specialist and BRN Representative to the APRN Workgroup for the California Action Coalition

The workgroup's main task for Fiscal Year 2013-2014 is to focus primarily on identifying needed changes in existing Certified Nurse Practitioner rules and regulations here in California. In addition, the workgroup will be reviewing current information pertinent to all four nationally recognized APRN roles: Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse-Midwives (CNMs), Clinical Nurse Specialists (CNSs) and Certified Nurse Practitioners (CNPs).

In FY 2013-2014 workgroup activities will encompass the following:

- Information gathering and review of pertinent national and state level materials; written analyses/conclusions.
- Written workgroup reports to the Nursing Practice Committee where the public will be provided ongoing opportunities to provide input and feedback.
- Formulation of recommendations for California APRNs, specifically CNPs based on workgroup analyses/recommendations and the comments/input and feedback from the Nursing Practice Committee, the full Board, the public and key stakeholders.

Highlights of Workgroup Activities

The BRN staff workgroup is in the initial phases of its work. The following activities are in progress:

- Review of pertinent national and state level APRN information.
- Monitor legislation relating to APRN, most specifically CNP practice.
- Collaborate with other BRN staff monitoring legislation and regulatory development.
- Add a set of questions to the 2012-2013 Annual School Survey to determine: (1) Status of implementing CNP curriculum according to the four roles and the six population focus/foci described in the Consensus Model for APRN Regulation; (2) Program requirements for graduates in relation to taking the national certification exam in the designated role and population focus; (3) Data on which national exams are required; and (4) If the program officially tracks student success on the national certification exams.
- Develop an up-to-date database of California approved APRN educational programs, beginning with CNP programs.
- Compile an up-to-date list of key stakeholders and interested parties so the Board may keep them abreast of workgroup activities and solicit input/feedback on an ongoing basis.
- Identify methods for tracking workgroup activities, progress and reporting timelines.
- Assess and identify anticipated fiscal impact associated with any APRN regulatory changes.
- Develop a written "crosswalk" document comparing existing California CNP rules and regulations and National Council of State Boards of Nursing (NCSBN) 2012 APRN Model Act and Rules language based on the Consensus Model.
- Use the crosswalk to determine needed California CNP practice and education regulatory changes as a starting point.
- Consult with BRN legal counsel as needed.

Some preliminary workgroup beliefs/assumptions guiding workgroup activities at this juncture of review are:

- California has already adopted the title Advanced Practice Registered Nurse (APRN) in B&P Code Section 2725.5, however, further integration throughout the APRN regulations/rules may be needed.
- New CNPs are to be prepared with acute care and/or primary care competencies for adult-gerontology and pediatric populations and may be certified in one or

more subtypes and foci based on transcript proof of multiple areas of educational preparation.

- California plans to enhance clarity in regulations and rules so it is clear that California APRNs practice under both their California RN license and their California APRN certification(s).
- All California newly certified APRNs are to be licensed RNs with required graduate degree preparation in at least one APRN role and population focus.
- All California newly certified APRNs must complete an accredited graduate level education program (graduate degree or post-master's/doctorate certificate) and pass the required national certification examination for certification in California.
- APRN educational preparation and APRN role and population focus certification is to build on California RN licensure competencies.
- All APRNs are to be educationally prepared to provide a variety of services across the health wellness-illness continuum in at least one APRN role and at least one of six specific population focus/foci:
    - Family/Individual Across the Life Span
    - Adult-Gerontology(subtype acute and or primary)
    - Neonatal
    - Pediatrics(subtype acute and or primary)
    - Women's Health/Gender Related
    - Psychiatric/Mental Health (across the life span)
- New California APRNs may complete graduate level education and be certified in one or more roles and population foci. Transcript evidence of role/population foci in each area will be required.
- California certification as an APRN in one role and at least one population foci will be required for all new APRNs while currently certified APRNs will be "grandfathered".
- CA APRNs will only provide services for the role and population in which they are certified.
- APRN specialization beyond a California APRN role and population certification will not be assessed or regulated by the California BRN. Such specialty competency examination (for example in oncology etc.) will be assessed by professional nursing associations/ organizations.
- Any such specialization designation beyond BRN approved APRN certification/population foci will not expand the APRNs scope of practice beyond the role and population foci in which the individual is California APRN certified.
- Regulatory language to accommodate APRNs seeking California APRN certification by endorsement will need to be revised to be congruent with any proposed regulatory changes/revisions.

Consensus Model for APRN Regulation

The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (LACE) were published July 7, 2008; LACE refers to the following:

- **Licensure** refers to the requirement for APRN licensure/or certification; California uses the term Certification for all four APRN roles.
- **Accreditation** refers to the requirement that the APRN's education program will have national nursing accreditation by a recognized accrediting body such as

Commission on Collegiate Nursing Education (CCNE) or Accreditation Commission for Education in Nursing (ACEN).

- **Certification** in the Consensus Model context this means the Board of Nursing will require all new APRNs to successfully pass a national certification examination in their designated APRN role(s) and population focus/foci; each Board of Nursing will determine the specific national certification bodies that are acceptable in their respective jurisdiction.
- **Education** means the APRN graduate level education program is a Board approved graduate degree APRN program and a program that meets National APRN educational standards developed by organizations such as the National Organization of Nurse Practitioner Faculties (NONPF) and other such entities specifying current education standards for APRN programs.

The APRN Consensus Model defines APRN practice, identifies APRN titles to be used, and describes roles and population foci for APRN education and practice. The Model is explained in detail in the NCSBN attachment *Model for Uniform National Advanced Practice Registered Nurse (APRN) Regulation: A Handbook for Legislators.*

In addition to this attachment, NCSBN has developed a variety of tools to assist Boards of Nursing in implementing the APRN Consensus Model and enacting appropriate rules and regulations for implementation as appropriate to each state board. This information can be found on the NCSBN website at https://www.ncsbn.org/4213.htm.

While California already has some of the Consensus Model categories/standards and regulatory language incorporated in existing rules and regulations, full implementation and suggested regulatory changes may not be currently applicable to California. The major task of the APRN workgroup for Fiscal Year 2013-2014 and moving forward is to review current California rules and regulations and make recommendations for changes where appropriate. The workgroup is working to determine the best way to incorporate the model regulations in California given the fact the Consensus Model advocates for independent practice and prescriptive authority across all Board of Nursing jurisdictions and these are not in place at this time in California.

The next APRN workgroup report was presented at the January 2014 Nursing Practice Committee.

Public comments:

Karen Ruby Brown, CNMA
Kelly Green, CNA

No motion required.

11.0 Public Comment for Items Not on the Agenda

Public comment received by Karen Ruby Brown, CNMA

The meeting adjourned at 3:48 pm.

12.0 Closed Session

Disciplinary Matters
The Board will convene in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on disciplinary matters including stipulations and proposed decisions.

Michael Jackson, Vice President, called the closed session meeting to order at 3:56 pm. The closed session adjourned at 5:49 pm.

Thursday, November 7, 2013 – 9:00 am

13.0 Call to Order – Michael Jackson, Vice President called the meeting to order at 9:05 am and had the members introduce themselves.

Members:	Michael D. Jackson, MSN, RN, Vice President Cynthia Klein, RN Trande Phillips, RN Jeanette Dong Joshua Groban Beverly Hayden-Pugh, RN
Members Not Present:	Raymond Mallel, President Erin Niemela
Executive Officer:	Louise Bailey, M.Ed., RN

14.0 Public Comment for Items Not on the Agenda

No public comment.

15.0 Disciplinary Matters

Reinstatements	Termination of Probation
Tracie Bradley – Granted	Kathryn Canada – Granted
Ronald Cruz – Granted	Stacy Holt – Denied
Kendra Grillet – Granted	
Charisse Magsaysay – Granted	
Suzanne Maikranz – Denied	
Teresa Mullin – Granted	
Rebecca Muniz – Granted	
Wilma Walker – Granted	

Meeting adjourned at 1:35 pm.

16.0 Closed Session

Disciplinary Matters
The Board convened in **closed session** pursuant to Government Code Section 11126(c)(3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

Michael Jackson, Vice President, called the closed session meeting to order at 1:48 pm. The closed session adjourned at 2:45 pm.

Louise Bailey, M.Ed., RN	**Raymond Mallel**
Executive Officer	**President**

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING MINUTES

DRAFT

DATE:	January 9, 2014
LOCATION:	Embassy Suites San Francisco Airport-Waterfront 150 Anza Blvd. Burlingame, CA 94010
PRESENT:	Raymond Mallel, President Michael D. Jackson, MSN, RN, Vice President Cynthia Klein, RN Erin Niemela Trande Phillips, RN Beverly Hayden-Pugh, MS, RN
NOT PRESENT:	Jeanette Dong Joshua Groban
ALSO PRESENT:	Louise Bailey, M.Ed., RN, Executive Officer Stacie Berumen, Assistant Executive Officer Beth Scott, Discipline, Probation and Diversion Deputy Chief Kim Ott, Decisions and Appeals Analyst Christyl Cobb, Decisions and Appeals Analyst Don Chang, DCA Legal Counsel Claire Yazigi, DCA Legal Counsel Rose Ramos, Administrative Assistant Michael Cohn, Administrative Law Judge Leslie Brast, Deputy Attorney General

Thursday, January 9, 2014 – 9:00 am

1.0 Call to Order – Raymond Mallel, President called the meeting to order at 9:07 am and had the members introduce themselves.

2.0 Public Comment for Items Not on the Agenda

No public comment.

3.0 Disciplinary Matters

Reinstatements	Termination/Modification of Probation
Anna Cue Carol Claypool (Ahern) Joey Dee Obdulia Corona Sherrie Fisher	Josephine Edu Lisa Laricchiuta Salina Esmail

Meeting adjourned at 1:53 pm.

4.0 Closed Session

Disciplinary Matters
The Board convened in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

Raymond Mallel, President, called the closed session meeting to order at 1:59 pm. The closed session adjourned at 3:49 pm.

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Louise Bailey, M.Ed., RN
Executive Officer

Raymond Mallel
President

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.1
DATE: February 6, 2014

ACTION REQUESTED: Ratify Minor Curriculum Revisions and Acknowledge Receipt of Program Progress Report

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND:
According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- Holy Names University Baccalaureate Degree (LVN to BSN) Nursing Program
- Point Loma Nazarene University Baccalaureate Degree Nursing Program
- San Francisco State University Baccalaureate Degree Nursing Program
- Azusa Pacific University Entry Level Master's Degree Nursing Program
- United States University Accelerated Baccalaureate and Entry Level Master's Degree Nursing Program
- University of California, Los Angeles, Baccalaureate Degree and Entry Level Master's Degree Nursing Program
- University of California, San Francisco, Entry Level Master's Degree Nursing Program
- Citrus College Associate Degree Nursing Program
- College of the Redwoods Associate Degree Nursing Program
- College of the Siskiyous Associate Degree Nursing Program
- ITT Technical Institute Rancho Cordova Breckinridge School of Nursing Associate Degree Nursing Program
- Los Angeles Trade Technical College Associate Degree Nursing Program
- Mira Costa College Associate Degree Nursing Program
- Mission College Associate Degree (LVN to RN) Nursing Program
- Sacramento City College Associate Degree Nursing Program
- Yuba College Associate Degree Nursing Program
- United States University Nurse Practitioner Program
- University of California, Los Angeles, Nurse Practitioner Program

Acknowledge Receipt of Program Progress Report:

- California State University, Dominguez Hills, Entry Level Master's Degree Nursing Program
- Merritt College Associate Degree Nursing Program

NEXT STEP: Notify the programs of Board action.

PERSON TO CONTACT: Leslie A. Moody, RN, MSN, MAEd,
Nursing Education Consultant

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: February 6, 2014

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
Holy Names University Baccalaureate Degree (LVN to BSN) Nursing Program	K. Daugherty	10/15, 30/2013	Effective Spring 2014, implement the refined/revised department of nursing mission including the undergraduate LVN to BSN student learning outcomes (SLOs).These revisions are designed to provide greater consistency/congruency with the university mission, and AACN and IOM recommendations for professional nursing education programs. The mission and SLOs were refined using faculty and student evaluative data. Changes are designed to facilitate easier student understanding related to expected SLO competencies from course to course. Clinical course evaluation tools have been modified accordingly, standardizing to a greater degree, expected program outcomes. These actions are expected to strengthen student clinical reasoning and course clinical evaluation. Between July 1, 2012-June 30, 2013, only three graduates took the NCLEX exam; the program pass rate was 66.6%; as of 10/22/13 five additional graduates have taken the NCLEX exam and the aggregate rate for the total of 8 graduates is 50%. The program has done the required assessment and action planning. Actions include more consistent integration and use of ATI resources including ATI Real Life simulations across the curriculum and term to term. Lead course faculty will increase monitoring of student theory testing and clinical performance, ATI and graduate NCLEX results. The faculty will also use the NCSBN NCLEX program reports to strengthen specific curricular content area and implement appropriate levels of student remediation assistance as needed. A HNU funded Kaplan NCLEX preparation review is to be provided for the first two graduating groups; thereafter the Kaplan review will be paid for by students. Effective Spring 2013, HNU funded the program's participation in EBI national benchmarking student satisfaction survey processes. EBI outcome data/reports will compare HNU to six like university programs and guide ongoing action planning for further program improvement. The total program evaluation plan (master evaluation plan) is being refined to reflect these changes. Effective Summer 2014, integrate N161 Evidence Based Practice content into

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: February 6, 2014

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
		12/11/2013	the existing CRL nursing courses and the Nursing Research course (N041). This change will eliminate content redundancy and meet student learning needs for more patho/pharm content by adding a CRL pathophysiology/pharm course (3 units); additionally, the computer operations 1 unit CRL communication course has been eliminated; Soc105 Statistics will be re-numbered as Psych063; instead of Arts 101, any arts course will be accepted to meet graduation requirements; CRL units will be 82-83 units instead of 83 units; other degree requirement units will remain (37-40) and total units for graduation will total 119-123 units.
Point Loma Nazarene University Baccalaureate Degree Nursing Program	L. Moody	11/13/2013	Theory classes for Junior and Senior students, and skills/simulation lab sessions for all program students are now held at the new off-site campus location at the Liberty Station building, 2600 Laning Drive. The new additional campus building is approximately 3 miles from the main campus and was needed to accommodate growing instructional needs of students, providing expanded and updated classrooms and lab areas. New skills lab increased beds to 8, with additional mannequins and other training equipment added, and the new simulation area has two practice rooms with hi-fidelity mannequins and an observation room equipped to monitor practice in both sim lab rooms. Free shuttle service between the main campus and the remote site is provided to students and is scheduled to meet the students' needs.
		11/25/2013	Course hours/presentation are now scheduled in a 15-week format (reduced from 16 weeks) with no change in content and no reduction in overall course/program hours.
San Francisco State University Baccalaureate Degree Nursing Program	K. Weinkam	12/17/2013	The program will offer two clinical course options for its capstone practicum/leadership course in the last semester of the existing BSN program. The last class under the existing curriculum will graduate spring 2015. NURS 557 will be a regular preceptorship experience and NURS 555 will be a faculty-supervised experience. Both are three unit courses.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: February 6, 2014

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
Azusa Pacific University Entry Level Master's Degree Nursing Program	B. Caraway	12/16/2013	Program submitted several changes in number of the units and sequencing in the following courses. First semester changes: The first two Medical -Surgical courses both theory and the correlated clinical course that were previously identified as two separate 4 units each courses (GRNS574 and GRNS579), will now be combined as a single 7 units course (GRNS555). This new combined course called -Medical-Surgical Nursing of Adult and Geriatric Patient. The changes in this course will increase consistency in teaching the geriatric and patient safety (QSEN) content with its application in clinical courses. The one unit from the two previous M-S courses will be added to the GRNS500 (Conceptual Foundation of Professional Nursing). The Pathophysiology (582A- 2units), course was added to the first semester, and the Pharmacology course (GRNS 576-2 units) was moved from first semester to second semester. Second semester changes: The two Medical - Surgical courses both theory and the correlated clinical course that were previously identified as two separate 4 units each courses (GRNS579 B and GRNS585) , will now be combined as a single 7 units Medical-Surgical (GRNS556) course. The above revision will result in a change of unit in Nursing Theory from 29 to 30; and the total graduation units will increase from 79 to 80 units for the Entry Level Master (ELM) program.
United States University Accelerated Baccalaureate and Entry Level Master's Degree Program	L. Moody	10/14/2013	Previously approved curriculum revision integrated geriatric content from a separate course into other program nursing courses for the generic students. This revision aligns the LVN 30-unit option by deleting the requirement for the specific geriatrics course (BHE 313, 3 units) as students receive appropriate content in the advanced med/surg nursing courses, and replaces that course with NUR462 Community Health Nursing (3 units) which provides additional content relevant to practice and to the students' success on NCLEX-RN exam.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: February 6, 2014

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
University of California, Los Angeles, Baccalaureate Degree and Entry Level Master's Degree Nursing Program	S. Ward	10/17/2013	BSN: Gerontology content is moved from the second Med/Surg. course (N162 B) to the third Med. /Surg. course (N162C). The title of N162 B is changed to Tertiary Prevention and Care of the Medical-Surgical Patients and Families and increased by (1) unit theory. The title of N 162 C is changed to Tertiary Prevention and Care of Medical-Surgical Geriatric Patients and Families and theory is decreased by (1) unit. ELM: Gerontology content is moved from the second Med/Surg. course (N465 B) to the third Med. /Surg. course (N465C). N 465 B is renamed and is increased by (1) unit theory. N 465 C is renamed and decreased by (1) unit theory. N230 A. Advanced Pathophysiology I is increased by (1) unit theory. N 252 Health Promotion/ Risk Reduction is decreased by (1) unit theory. N266 Healthcare Systems/Organizations is decreased by (1) unit theory.
University of California, San Francisco, Entry Level Master's Degree Nursing Program	K. Weinkam	12/16/2013	Effective June 2014, the program will offer existing prelicensure nursing courses (N142, 144, 146, 147, and149 contain combined theory and clinical) as separate theory and clinical courses in order to provide a grade for each component. The theory course numbers will remain the same, but the clinical course will have an "A" added to the corresponding theory course number. Each numbered course and its related clinical course will be taken concurrently.
Citrus College Associate Degree Nursing Program	B. Caraway	12/13/2013	Program submitted changes in configuration in the RNRS251-Medical Surgical Nursing 1V Capstone course. The course is a 6 unit course (3 units theory and 3 units clinical) .The three (3) units clinical was originally divided into C:1.5 units (standard clinical) and C2: 1.5 units (Preceptorship).The changes in configuration of clinical units are: C: 1.333units (standard clinical) and C2:1.667units (preceptorship). The above changes are based on the request from both the students and the clinical partners to increase the hours in preceptorship. No changes were made to course objectives. The revised curricular changes have no impact on the total program units. This change will be implemented beginning Spring 2014.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: February 6, 2014

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
College of the Redwoods Associate Degree Nursing Program	J. Wackerly	12/19/2013	Adding paramendics to the LVN to RN career mobility program. The current LVN to RN career mobility program begins with NURS 60 transitional concepts that is a two (2) unit course. The request is to change NURS 60 transitional concepts into two one unit segments, NURS 60 A/B with the addition of intellectual competence assessment equal to those completed by generic students in the first year of the program. NURS 60 A will include intellectual competence assessment using ATI RN Fundamentals and Pharmacology comprehensive exams. Students whose exam scores falls below level 2 will receive remediate to earn a passing score. NURS 60 B course content remains unchanged-will include intellectual competence assessment using ATI Obstetrics and Pediatric comprehensive exam. The addition of NURS 60 L is a 2 unit (108 hour)clinical experience for those students who pass the exams. NURS 60 L consists of hospital based patient care that includes fundamentals/medical-surgical acute care for 36 hours, obstetrics 36 hours, and pediatrics 36 hours. Students who successfully complete NURS 60 L will progress to NURS 23, the third semester nursing course in the RN program.
College of the Siskiyous Associate Degree Nursing Program	K. Daugherty	10/10/2013	Effective Spring 2014, increase the Advanced Medical Surgical course (N1542) from 6.5 to 7.5 units (1 unit theory increase). In addition to strengthening course content in select areas, this change provides students with a full time load of 12 units in the semester. CRL now 68 instead of 67 units and total units for graduation will now range from 75-78 instead of 74-77 units.
ITT Technical Institute Rancho Cordova Breckinridge School of Nursing Associate Degree Nursing Program	K. Daugherty	10/28/2013	For Cohort #1 program students only, effective Qtr. 7 Fall 2013-Qtr. 9 ending June 2014, two courses will be re-sequenced to facilitate cohort #1 student success; specifically, re-sequence the Gerontology course from Qtr.7 to Qtr. 8 and the Qtr. 8 Nursing Roles II course to the final program Qtr.9 with no changes in course content or course units. Program Cohorts #2 and #3 will continue to follow the initially approved nine quarters of course instruction. The Nursing Roles I course is being re-numbered from N1215 back to N 1210; previous "C" nursing course numbering deleted and typos corrected. CRL/TCP forms revised accordingly.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: February 6, 2014

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
Los Angeles Trade Technical College Associate Degree Nursing Program	S.Ward	10/16/2013	Added a new (1) unit theory course RN 119 Introduction to Nursing. Renamed RN 121 to Nursing Fundamentals and renamed RN 122 to Introduction to Medical Surgical Nursing. Added a new (2) unit theory course RN 124 Nursing Process and Communication that includes the content from RN 124 (1 unit theory) that is removed from the curriculum. RN 134 A, B, C is renamed to RN 134, RN 136 and RN 137.
MiraCosta College Associate Degree Nursing Program	L. Moody	10/08/2013	The college has deleted the American Institutions course (3 units) from the graduation requirements, decreasing the total units for graduation from 72 to 69 for the VN to RN track and 73.5 to 70.5 for the generic track of the nursing program.
Mission College Associate Degree (LVN to RN) Nursing Program	K. McHan	10/16/2013	Content Required for Licensure (EDP-P-06) form updated and clarified to include 5 theory units and 7 clinical units, from previous VN education, granted toward the nursing degree through the college's course substitution process. No change in program courses or units.
Sacramento City College Associate Degree Nursing Program	K. Daugherty	11/15/2013	Effective January 2014, change the approved enrollment pattern for the alternative/secondary campus site (SCC/Sutter Sierra Region partnership) from 55 to 22 students due to the decreased new RN job market and community needs during the past two years. The current secondary/alternate extended campus cohort #14 will graduate in December 2013; cohort #15 of 22 students will start January 2014. The written partnership agreement between SCC and Sutter Health is being amended to cover the period from January 1, 2014-December 31, 2015.
Yuba College Associate Degree Nursing Program	K. Daugherty	10/15/2013	Effective Spring 2014, eliminate the 1 unit clinical practicum seminars (N11,12,13,14) based on student and faculty feedback, completion of one full curriculum cycle, and to align program course requirements with recent college-wide course policies and requirements. Total clinical units will be 20.5 instead of 24.5 units; total CRL/graduation units 85.5 instead of 89.5 units. The N37 LVN transition course has been updated and will replace the 2 units of N11,12 being eliminated. N 37 (2 units) will be a requirement for third semester admission of LVN advance placement students.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: February 6, 2014

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
United States University Nurse Practitioner Program	L. Moody	10/28/2013	The first six courses of the MSN-FNP program (Advanced Role Development FNP533; HealthCare Systems: Policy, Change & Informatics FNP522; Evidence Based Practice FNP533; Health Promotion, Education & Disease FNP 544; Advanced Pathophysiology FNP 551; Advanced Pharmacology FNP552) have previously been required to be taken individually and sequentially which sometimes unnecessarily delayed students' progress. Students will now be able to take courses two at a time if they choose and in any sequence. All six courses will still need to be completed prior to students advancing to the Advanced Health & Physical Assessment course and the remaining program courses which have clinical components.
University of California, Los Angeles, Nurse Practitioner Program	S. Ward	10/17/2013	The specialty option for Adult/Gerontology Population Occupational and Environmental Health is renamed to Adult/Gerontology Primary Care Occupational and Environmental Health. Two (4 unit) theory courses were added Nursing 232 F (5th quarter), and Nursing 233F (6th quarter)- both named Human Responses to Aging and Chronic Illness. Nursing 213-Occupational and Environmental Health Nursing Role, Theory and Research is moved to the summer between year 1 and 2 which increases the total number of quarters to complete the program from six to seven; however the time to program completion remains unchanged.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: February 6, 2014

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
California State University, Dominguez Hills, Entry Level Master's Degree Nursing Program	S. Ward	12/11/2013	The program submitted a progress report outlining the actions taken and planned in response to program NCLEX-RN examination scores in 2013-2013 that are at 70% for first time candidates, and takes into consideration first quarter 2013-14 (July-Sept.) results at 55.56%. The program with the support of university administration intends to suspend admissions into the program in Fall 2014 to allow for a full evaluation of the program, and to provide for a concentrated focus on the currently enrolled students.
Merritt College Associate Degree Nursing Program	K. Weinkam	12/17/2013	The Program submitted a third progress report related to addressing CCR Sections 1424(c) Administration, 1424(d) Resources, and 1427(c) Clinical Facilities. 1. As previously noted, the college had developed job descriptions for the positions of director and assistant director. The college President has submitted them to the college district Vice Chancellor, and the college is waiting for written documentation from that office. 2. The Director and the VP of Instruction, and the Director and the Dean, meet on an established schedule. The VP has met with faculty and students. 3. Although there have been meetings with the Business Manager, the report did not provide a description of any changes made that would facilitate the processes by which the program acquires the equipment and resources it needs in a timely manner. 4. The reclassification of the Senior Clerical Assistant to a Program Specialist at a 1.0 FTE has been denied. 5. The request for the two full-time faculty positions is pending. This decision will be based on action of the Faculty Senate who considers faculty requests from all departments. Its recommendations are then forwarded to the college President. 6. Work is ongoing with the modular units. They have been moved to another campus area, and security is in place. Access to the Internet, phone service, and repair of the air conditioning unit for these units is in process. Expected completion is January 2014. 7.The last remaining facility that needs to have an agreement in place that reflects1427(c) has provided one to the college district where it is under review. A progress report which addresses continued progress/compliance is requested for the March ELC meeting.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.2
DATE: February 6, 2014

ACTION REQUESTED: Vote to Approve Education/Licensing Committee Recommendations

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: The Education/Licensing Committee met on January 8, 2014 and makes the following recommendations:

Continue Approval of Prelicensure Nursing Program

- Everest College Associate Degree Nursing Program
- Mission College Associate Degree (LVN to RN) Nursing Program
- Santa Monica College Associate Degree Nursing Program
- Solano Community College Associate Degree Nursing Program
- Southwestern College Associate Degree Nursing Program

A summary of the above requests and actions is attached.

NEXT STEPS: Notify the programs of Board action.

PERSON TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant

Education/Licensing Committee Recommendations
From meeting of January 8, 2014

Education/Licensing Committee Recommendations:

VOTE TO CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

- **Everest College Associate Degree Nursing Program.**

Dr. Margaret Avila, Director of Nursing, Dr. Linda Sperling, Assistant Director-Interim Campus Nursing Director, and Dr. Dina Faucher, Regional Director of Nursing.

On August 20 -21, 2013, Shelley Ward and Badrieh Caraway, NECs, conducted the first regularly scheduled continuing approval visit to the Everest College Associate Degree Nursing Program. The program was found in compliance with Board rules and regulations, and seven recommendations were given in CCR Section1424(b)(1) Total Program Evaluation, CCR CCRSection1424(d) Resources, CCR Section1424 (g) Faculty Responsibilities, CCR Section1424(h) Faculty Content Expert, CCR Section1428 Student Participation, Section1424(b)(2) Grievance Policy, and CCR Section 1430 Previous Education credit. Detailed information regarding the recommendations was provided in the Report of Findings and the Consultant Approval Report. The program has submitted responses to the above recommendations.

The Board approved Everest College to start a new Associate Degree Nursing (ADN) Program in Spring of 2008, which accepted students in July 2008. The student enrollments have been three times a year from the initial admission of 40 students (40 in Fall; 40 in Spring, and 40 in Summer). The total number of admission to date is 448. Currently 167 students are actively enrolled. A total number of 38 students have been dropped from the program, and a total number of 243 students have graduated since 2008.

Since March of 2013, there have been major changes in DON leadership both in the Program Director position and the Assistant Director position. Martha Keough Program Director has been on LOA from March 2013 until her resignation on June 14, 2013. Rhonda Emerson, Assistant Director has been on LOA since June 2012. Cindy Fowler was appointed to the Assistant Director position but did not meet BRN requirements and was replaced by Dr. Linda Sperling, Assistant Director- Interim Campus Nursing Director, in April 2013. On September 16, 2013, Everest College hired Dr. Margaret Avila as the temporary Director of Nursing to coach and mentor Dr. Linda Sperling who will meet the BRN requirements to become the Nursing Program Director in April of 2014. These changes had a major impact on the faculty; the majority of seasoned faculty expressed a lack of support with the leadership administration. The preparation of the Self–Study (SS) for the BRN Continuing Approval Visit was a major challenge for the Acting Interim Director and faculty. The lack of strong leadership in the program director position has resulted in many of the areas of recommendations in this report. Dr. Ruth Abbot, Vice President of Nursing , Dr. Dina Faucher , Regional Nursing Director, are aware of the program challenges and are working closely with the Assistant Director and faculty to resolve issues addressed during this visit.

There are adequate physical spaces and resources to support the number of students and faculty, such as 2 administrative offices; 10 faculty offices, and 4 classrooms (each accommodating 30-40 students). Skills lab has 8 beds (6 for skill lab; 2 for simulation), 4 low fidelity, 3 medium, and 1 high fidelity mannequins. Simulation is integrated into OB and Pediatrics courses. The plan is to add 2 high fidelity mannequins and a control room by October, 2013 and to train faculty to integrate simulation into all courses by mid-January, 2014. There is a newly hired Skills Lab Technician. The faculty are working closely with him for integration of simulation in their courses. Staff support and faculty numbers have increased accordingly to

reflect the growth of Everest College's ADN program. In addition to the clerical and administrative support, there is a Skills Lab Technical support for simulation and faculty support. There is regional and college wide leadership administrative support for the nursing program. There are 10 faculty members teaching in the program (7 full-time faculty and 3 part-time). During this visit the program had 2 faculty on LOA, 2 vacant faculty positions and 1 faculty (Linda Sperling) was promoted. These changes resulted in extra workload for remaining faculty. The majority of faculty expressed concerns with new transition and a lack of support from the leadership/administration. During this visit the Regional Director and Assistant Director presented documents with calculated hours demonstrating the recent adjustment to the faculty assignments to reduce their workload.

Students reported a rich learning environment and supportive faculty; the students praised the faculty members for their responsiveness to students' feedback. Students demonstrated a complete understanding of policies including grading/assessment. In addition to having student representatives, the students have an opportunity to meet with the Interim Director and faculty to voice their concerns. However, there was no mechanism in place for students to fully participate in various aspects of the program activities. Students voiced no problems with their clinical experiences. The program is using all available schedules including a night shift for clinical placement in pediatrics to meet the required clinical experience requirements. Graduates' NCLEX outcomes are above minimum required performance threshold for the past two years: 2011-12 87.69%; 2012-13 92.19%.

ACTION: Continue Approval of Everest College Associate Degree Nursing Program.

- **Mission College Associate Degree (LVN to RN) Nursing Program.**

Cynthia Harrison, MSN, RN, Director of Health Occupations.

Cynthia Harrison, M.S.N., RN, was appointed director of the program in 2008. Ms. Harrison is currently serving as interim program director and in addition holds the position of Director of Health Occupations for the college, with oversight of nursing assistant, vocational nursing, psychiatric technology and emergency medical technology programs. Judith Berkley, MSN, RN, serves as assistant director.

A regularly scheduled continuing approval visit was conducted October 15-17, 2013 by Kelly McHan, NEC. The program was found to be in non-compliance with Section 1424(h) with reference to 1420(f) and 1425(f) related to faculty content experts, and Section 1424(d) related to resources. Detailed information regarding the findings was provided in the Report of Findings and the Consultant Approval Report. The program has corrected both areas and is now in compliance with regulation and BRN guidelines. Five recommendations were made; Section 1424(h) Content Expert, Section 1426(d) Concurrency of Theory and Clinical, Section 1425.1(d) Faculty Clinical Competence, Section 1424(b) Program Policies, and Section 1427(c) Facility Agreements. The program submitted a response detailing the actions taken by the program to correct the areas of non-compliance and recommendations.

Mission College is one of two colleges operating within the West Valley-Mission Community College District in the Silicon Valley. The nursing program serves a diverse student body including approximately 68% Asian and Filipino, 13% Caucasian, 10% Hispanic, 8% African American, and the remainder of other ethnic backgrounds, and the program has identified 49% as economically disadvantaged. Of note, the distribution of male students has ranged from 13% to 21% since program inception.

Initial BRN approval for the LVN to ADN nursing program was granted April 8, 2008 with the first graduates completing the program in May, 2009. The program enrolls 40 new students into the summer

semester Role Transition courses. Students graduate after successfully completing two additional semesters of registered nursing courses.

Strengths include the program's spiral curriculum and small student-to-faculty ratio. Students identified program organization and leadership as factors contributing to the program and student success. Construction of a new state of the art Health Occupations building that will house the nursing program is nearly complete, with an expected move-in date of May, 2014. Program challenges include a recent high faculty turnover. The college is recruiting to fill the program director position and is seeking faculty for Maternal, Child and Mental Health nursing specialty areas.

A clear majority of students stated that they chose to enter VN programs and complete the LVN to RN program as an alternate route to achieve RN due to the difficulty in finding admission into highly impacted generic RN programs. The faculty has completed a curriculum review for all of the college's nursing-related programs. Plans for career laddering, with seamless educational transitions starting from personal care assistant to nursing assistant to vocational nurse to ADN have been developed. An articulation agreement for BSN with CSU, East Bay is in place. Attrition has ranged from 0 % - 5% since program inception, with a retention rate of 97.4% for academic year 2011/2012. NCLEX outcomes are: 2009-10 82.14%; 2010-11 81.58%; 2011/12 82.50%; 2012-13 87.18%.
ACTION: Continue Approval of Mission College Associate Degree (LVN to RN) Nursing Program.

- **Santa Monica College Associate Degree Nursing Program.**

Dr. Ida Danzey, Associate Dean, Health Sciences.
Ida Danzey, DNP, RN, CNE, Associate Dean, Heath Sciences, has been the program director since December 2003. The program received their last National League for Nursing Accrediting Commission (NLNAC) accreditation in November 2006, and is preparing for reaccreditation by the Accreditation Commission for Education in Nursing (ACEN- formerly NLNAC), in 2014. Forty students are enrolled each fall and spring semester. A regularly scheduled continuing approval visit was conducted on October 28-29, 2013 by Nursing Education Consultant Laura Shainian and Supervising Nursing Education Consultant Miyo Minato. The program was found to be conducted in compliance with BRN rules and regulations. There were no findings of noncompliance and three recommendations were given: CCR 1424(d) Sufficiency of Resources; CCR 1426 Curriculum; and CCR 1426.1 Preceptorship (recommendations are detailed in the Report of Findings and the Consultant's Report).

The program provides students with a robust educational experience that has been enhanced by external grant funding. From 2005-2012 the program received grant-funded projects totaling $4,370,133 that supported many aspects of the program including the integration of advanced technology/informatics into the educational process via high-fidelity human patient simulators, and two mobile computing carts with laptop computers that allow students to access an electronic health record at the patient bedside. In 2013, the program purchased a Pyxis automated drug dispensing machine that provides students the opportunity to practice the administration of barcoded medication prior to being on the unit with patients. Student evaluations of these technological benefits have been overwhelmingly positive. There is need for a budget to maintain and repair this equipment and because college administration recognizes how student learning is enhanced by use of hi-tech teaching modality, they have agreed to budget necessary funds.

Total program evaluation by faculty is thorough and ongoing. Recent activities have included a minor curriculum revision that incorporated Quality and Safety Education for Nurses competencies across the curriculum, development of a multi-criteria admission model to decrease the program attrition rate, and plans

to implement a major curriculum change toward a concept-based curriculum that is more student-centered and outcomes based. Faculty will continue to work on demonstrating congruency between program objectives and course content. They also plan to formalize the Preceptorship handbook and records for the fourth semester Preceptorship capstone course. The program is further strengthened by support services that include a Health Sciences Counselor and three part-time counselors available to counsel nursing students, develop remediation/retention plans for "at risk" students, and refer students to a Student Success Seminar course free of charge. In addition, two part-time faculty provide supervised tutorials and are available for skills lab practice/remediation.

The National Council Licensure Examination (NCLEX) pass rate has consistently exceeded the minimum performance threshold of 75% for the past five years: 2007-08: 81.08%; 2008-09: 94.64%; 2009-10: 97.44%; 2010-11: 94.44%; 2011-12: 96.36%, 2012-13 98.15% (53/54).

Program challenges include the securing of clinical placements for ADN students. Many factors impact the ability to maintain or secure clinical sites including hospital strategic plans to hire the BSN graduate, a decrease or suspension of hospital beds, and competition from BSN nursing programs. Faculty will explore alternative environments in which clinical objectives can be met. The use of Simulation may be maximized up to 25% to increase the achievement of clinical objectives.

Future plans include seamless educational paths to the BSN. The program is addressing the demand for registered nurses with advanced degrees through an established ADN to BSN collaborative with California State University Dominquez Hills. The program receives strong support from college administrators and graduates are well received in the community.

ACTION: Continue Approval of Santa Monica College Associate Degree Nursing Program.

- **Solano Community College Associate Degree Nursing Program.**

Dr. Maurice McKinnon, Interim Dean-School of Health Science and Director of Nursing.

Maurice McKinnon,EdD, MA,RN is the Interim Dean, School of Health Science and Director of Nursing. Glenn Burgess, MSN, RN serves as assistant program director. A regularly scheduled continuing approval visit was conducted on November 18-21, 2013 by Janette Wackerly, RN, SNEC with no findings of noncompliance and a total of five recommendations written relative to CCR 1424 (b) total program evaluation, CCR 1424(d) & 1425(f) add full time faculty position, CCR 1424 (g) faculty primary responsibilities related to the total program evaluation, and CCR 1426.1 preceptorship. Detailed information regarding the recommendations was provided in the Report of Findings.

Confronted with budgetary challenges and program/selection reductions, the college's administration made the decision to restructure education units/programs and services in 2010. In this reorganization, the position for the Dean of the School of Health Occupations/Nursing was combined with Career Technical (CTE) through February 2013. In 2013 a decision was made to create the School of Health Science which includes Nursing and Emergency Medical Technician (EMT), and hire a dean to provide educational leadership and administration for the programs. The Program Director, Dr. Maurice McKinnon, was approved by the BRN on March 11, 2013. This is a full-time, 12-month administrative position with 95% of its time allocated to the Nursing Program and the other 5% allocated to EMT Program. The Interim Dean for the School of Health Science/Nursing Program Director reports to the Interim Vice President of Academic Affairs, Diane White. Ms. White reports to the Superintendent /President Dr. Jowel Laguerre.

From 2008-2013 there have been a number of faculty resignations and retirements with the need to replace full-time faculty and part-time faculty. Major campus organization restructuring continued to occur. In about 2010 the faculty began the curriculum revision process, looking to utilize a standardized testing program throughout the curriculum and clinical sites began implementation of electronic health record. Faculty continued to work on the development of a new Concept Based Curriculum, turnover made it difficult to move forward as faculty desired. Student Learning Outcomes and Program Learning Outcomes were updated 2011-2012 and faculty determine to use Kaplan integrated testing throughout the curriculum. In 2013 the nursing program and faculty made many significant major accomplishments such as new faculty orientation, assistant director release time, interim dean hired, faculty worked on BRN approval report, faculty reviewed curriculum timeline for new Concept Based Curriculum work, faculty team leader job description was approved, Faculty Handbook review and update was completed and other faculty projects continue. A faculty retreat summer 2013 was for the purpose of teambuilding, developing goals for 2013-2014 academic year, and decision- making regarding the major curriculum development/revisions. Subcommittees of the Curriculum and Faculty were identified and established.

Involvement of students continues in participation in community projects: flu shot clinics, career fairs, Winters Community Center and Dixon Senor Center projects. Other community sites include Mission Solano Homeless Shelter, Matt Garcia PAL'S Center and Opportunity House. Students are involved in governance by attending Curriculum/Faculty meeting providing information on their issues. Students report a high level of satisfaction with all aspects of the program and services, and demonstrate understanding of program policies and procedures including grading/assessment. Graduates' NCLEX-RN outcomes are above minimum required performance threshold.

ACTION: Continue Approval of Solano Community College Associate Degree Nursing Program.

- **Southwestern College Associate Degree Nursing Program.**

Ms. Cathy McJannet, RN, MN, CEN, HTCP/I, Director of Nursing and Health Occupations Programs.

Cathy McJannet, RN, MN, CEN, HTCP/I, Director of Nursing and Health Occupations Programs was appointed program director in January 2007. Zaydie Feria Bataller, RN, MSN, PHN and Teresa Russell, RN, MSN, AP-WOC, FNP serve as assistant program directors. A regularly scheduled continuing approval visit was conducted on October 29-30, 2013 by NECs Leslie A. Moody and Badrieh Caraway with no findings of noncompliance and a total of five recommendations written relative to three CCRs 1424(b)(1) total program evaluation, 1424(d) sufficiency of resources, and 1424(e) program director and assistant director dedicate sufficient time for administration of the program. Detailed information regarding the recommendations was provided in the Report of Findings and the Consultant Approval Report.

The program has been in place since 1961 and is currently presented at the Higher Education Center At Otay Mesa, a satellite campus of the WASC accredited Southwestern Community College, located at the U.S.A.-Mexico border. The program was initially accredited by the NLN in 1994, received full 8-year accreditation in 2005, and following a successful re-evaluation visit in September 2013 expects to receive their renewed accreditation notice by March 2014. Using a criteria based scoring system, sixty generic students are selected for admission to the program every August, forty to a day cohort and twenty to an evening/weekend cohort. Additionally, up to fifteen advanced placement LVN to RN Step-up students are admitted every August into the third semester of the program. Total program enrollment at the time of the visit was 133 students.

Partnerships with colleges such as San Diego State University (SDSU) facilitate students' early progression from ADN to BSN. The program's terminal leadership course may be completed through SDSU for dual-enrollment credit. Thirty percent of the program's graduates have already completed at least one RN-BSN program course at the time of graduation, which creates an advantage for those students as employers often give more consideration to ADN licensees who have demonstrated progress toward a BSN degree.

The program's well-qualified, professionally accomplished faculty consistently collaborate to review curriculum, program policies, program delivery and other program issues, which results in planning and implementation of revisions as needed. Faculty support each other with activities such as new faculty orientation and mentorship, and course coordination. Relationships are strong between the program and clinical partners as evidenced by clinical placement opportunities remaining consistently available to the program and two partner hospitals regularly providing substantial annual donations of healthcare supplies to help furnish labs. An innovative system is used in the clinical setting whereby students present an "information card" to the facility nurse to inform regarding the student responsibilities for the shift and specifying which activities require instructor supervision, and a card is presented by students to assigned patient(s) to introduce them as an SWC student and offer the patient a feedback opportunity regarding the care provided.

Although the program is primarily supported by the college's general fund budget, the program director has also been very active in raising additional funds to support the program and students, having secured more than $1.6 million in grant funds over the past seven years. College administrators Dr. Silvia Cornejo, Dean – Higher Education Centers, Dr. Angelica Suarez, Vice-President Student Services, and Dr. Melinda Nish, Superintendent/President, are committed to continuing the program's current level of enrollment and services to nursing students, and assure that faculty and services currently supported by grants will be supported by the college budget or other funding resources if grant funds become unavailable.

More than 85% of the students align with a non-white ethnic group and 50% of the enrolled students speak English as a second language. The language issues combined with many students' need to work more than the recommended twenty hours per week are potential student success barriers that the program attempts to mitigate through student support which includes academic remediation, obtaining grants to provide 12% of the students with scholarships to cover program costs, and e-posting additional scholarship opportunity information. Program faculty have accessed the college's Basic Skills Initiative faculty and counseling services staff to learn instructional best practices for effectiveness with this diverse population. Faculty and students together developed a Students at Risk Committee, creating an approach which achieves early identification of and remediation for at-risk students, and has 16 faculty hours per week dedicated to these interventions. Involvement of students in program governance is encouraged and facilitated via multiple group and individual opportunities including participation in faculty/committee meetings, monthly roundtable discussions with the program director, and completion of course and program evaluations. Students report a high level of satisfaction with all aspects of the program and services, and demonstrate complete understanding of policies including grading/assessment. Graduates' NCLEX-RN outcomes are above minimum required performance threshold.

ACTION: Continue Approval of Southwestern College Associate Degree Nursing Program.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3
DATE: February 6, 2014

ACTION REQUESTED: Continue Approval of East Los Angeles College Associate Degree Nursing Program

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: Lurelean Gaines, RN, MSN, Program Director/Chairperson.
The program is being presented subsequent to the Board's decision to Defer Action to Continue Approval of Prelicensure Nursing Program issued in September 2012, as recommended at the August 2012 Education and Licensing Committee meeting. Given that the routinely scheduled continuing approval visit for this program was conducted on October 7-8, 2013, this report will address both the status of the prior outstanding areas of non-compliance, and findings issued at the visit conducted in October 2013.

A non-routinely scheduled continuing approval visit was conducted in March 2012, to address NCLEX examination pass rates being below the required pass rate of 75% for two consecutive years, to follow-up on resolution of student concerns regarding a faculty member, and to address other NCLEX examination related issues. Consultants had also conducted a non-routinely scheduled interim visit in December 2011, and a scheduled interim visit in May 2010.

At the August 2012 ELC committee meeting, the program presented sufficient evidence of addressing two of the four findings of non-compliance that was issued during the March 2012 consultant visit. The two remaining areas of non-compliance were related to CCR Section 1425 – Faculty Qualifications and Changes, and to CCR Section 1426.1 – Preceptorship. Several faculty members needed to complete the remediation and reclassification process for teaching assignments to be consistent with their BRN faculty approval status. The program also needed to complete the curriculum revision process to discontinue the preceptorship course due to a sustained lack of available preceptors.

The program subsequently submitted progress reports to the assigned NEC conveying completion of faculty remediation/ reclassification as required, prior to the routinely scheduled continuing approval visit conducted in October 2013. The program also completed the curriculum revision changes to discontinue the preceptorship course, as previously reported to the Board in October 2012. Therefore, the program was in compliance with all (4) prior CCR section regulation violations at the initiation of the October 2013 continuing approval visit.

Shelley Ward, NEC and Miyo Minato, SNEC conducted the scheduled continuing approval visit on October 7& 8, 2013. The program was found to be in non-compliance with (5) CCR Section areas and (1) recommendation was given.

Non-Compliance (s):
CCR SECTION 1424(b)(1)- Administration/Organization – Program Evaluation
CCR SECTION 1424(d) - Administration/Organization – Sufficient Resources
CCR SECTION 1424(h) - Administration/Organization – Faculty Adequacy
CCR SECTION 1426(b) – Required Curriculum
CCR SECTION 1431 – Licensing Examination Pass Rate Standard

Recommendation:
CCR SECTION 1425.1(b) – Faculty Orientation

The program has a written plan for systematic evaluation of the total program that was updated and presented as a component of the progress report for a similar area of non-compliance identified during the program visit in 2012. Documentation presented in the program's self-study report, or in program records during the October 2013 visit did not substantiate that the plan was being fully implemented as designed. This was particularly evident as related to determination of the program's attrition rate, and data analysis related to NCLEX examination outcomes not meeting regulatory requirements in the last and in several prior academic years. Faculty also communicated a general lack of familiarity with the plan elements, and expressed the need to better understand how to develop, implement and evaluate the program. Students conveyed their perceptions that the Kaplan learning resources that have been added to the curriculum to improve NCLEX examination success as not useful.

The nursing building that houses the classrooms, nursing skill/simulation lab, and faculty offices has had a history of unresolved temperature regulation issues that impact the staff and students who use the building. This building is shared with other campus disciplines. There are areas that did not appear clean or generally maintained. Some clinical practice equipment is located in classrooms, and had equipment to be used for simulation that had not been installed in view. In speaking to staff and the program director the nursing building is viewed as a low priority for receiving campus maintenance/ restoration services. Students complained that there are insufficient supplies to practice skills with when they are in the skills/simulation lab outside of scheduled class time. Consultants were informed that there is no specific budget allocated by the college to acquire supplies.

The program admits approximately 60 students twice a year. A total of (225) students were enrolled at the time of the visit (184 generic, 41 LVN). There were (6) full-time and (18) part-time faculty excluding the director position, which is designated as a 100% administrative position. One of the (6) full-time faculty members was on leave. Fifty-percent of the full-time faculty reported working in overload assignment time. Two part-time faculty were assigned as lead faculty for 2nd and 4th semester medical /surgical courses; and the director was teaching (3) courses at the time of the visit. The full-time faculty vacancies were created most recently by (2) retirements and (2) resignations. Three faculty that were already teaching in the program recently moved into full-time tenure track positions, and the program was successful in recruiting one external candidate (full-time). The program director identified that a minimum of (9) full-time faculty are needed to effectively implement the program. Budget reallocation to resume recruitment would also have to be reauthorized by administration and supported by the campus hiring committee.

The program's curriculum was reviewed via course syllabi, through tools and other modalities such as Moodle, a course management system that is available. Faculty have made minor

adjustments over time, however the curriculum structure and content is not evidencing that it is preparing students with the knowledge, skills and abilities to function as competent registered nurses and for successful NCLEX examination outcomes. It also needs updating to be in compliance with all aspects for the focus of instructional outcomes stated in CCR Section 1426 (d). Program evaluation documentation has not been provided to validate that the existing curriculum is effective.

The program's NCLEX examination pass rates have been below 75% for (5) of the last (7) academic years. Results were at 62.28% in 2012-2013, and were at 54.17 % in July-September 2013 (48 taken/26 passed) The program instituted changes such as modifying admission GPA, revising medication examination competency requirements and adopting the use of Kaplan integrated learning resources to address examination outcomes. Students have access to a live Kaplan NCLEX examination review course. Faculty are also working towards revision of other program policies and selected tools/rubrics that students are using.
NCLEX – RN examination results for first-time candidates in prior years were:

2011-2012 – 82.26%
2010-2011 – 69.05%
2009-2010 – 61.67%
2008-2009 – 74.77%
2007-2008 – 64.44%
2006-2007 – 75.68%

Several administrative changes have occurred at the college that impact the nursing program. The dean who was responsible for the ADN program at the time of the approval visit in 2012 has moved into a vice-president position at the college. Additionally, both the dean responsible for the nursing program and the college president assumed responsibility at the campus after the 2012 BRN visit.

Consultants met with the new Dean of Workforce Education and Economic Development with the program director present to review the history of BRN visits, and to explain the current defer continuing approval status designation, as well as the concerns about the findings at this October 2013 visit. The dean expressed concern regarding the visit findings. Consultants explained that the program would need the assistance of college administration to remedy the areas of non-compliance.

NECs recommended that the program strongly consider hiring a consultant to assist with curriculum evaluation and revision, to consider the appointment of a 2nd assistant program director to serve as a facilitator to coordinate faculty responsibilities for curriculum revision and for the overall program evaluation processes, and to engage resources that may be needed for faculty education related to nursing-specific program evaluation. Consultants also recommended that the new dean personally conduct an inspection of the nursing building and consult with staff and/faculty about resources needed in this setting for students and faculty, and to provide the support needed to continue full-time faculty recruitment efforts.

He commented on his commitment to communicate the issues to the college president and a willingness to work with the program director and other campus departments to address the issues.

Students were enthusiastic in recognition of the program director and faculty as reasons for selecting this program, and for the support they provide to students in this program. The director has been influential in continuing to secure grants and scholarships used for a variety of student tutoring and remediation services.

The East Lost Angles College (ELAC) nursing program has also joined with other partners implementing the collaborative model for nursing education with CSU Los Angeles. Eleven students from the program began and successfully completed the first quarter of the BSN program during the summer of 2013, and returned to resume the 3rd semester of the ADN program at ELAC.

The program submitted an initial progress report as requested to address the October 2013 visit findings, and communicated with the NEC on efforts in progress at the time this report was submitted to the Board.

Education/Licensing Committee recommendations of January 8, 2014:

- **Place the program on Warning Status With Intent To Withdraw Approval.**
- **Require the program to provide progress reports to the NEC for inclusion in the March, May and August 2014 Education/Licensing Committee meeting reports.**
- **Require the program to be presented at the August 2014 Education/Licensing Committee meeting and the September 2014 BRN Board meeting for review, at which time full compliance must be demonstrated.**
- **Reduce program enrollments to forty-eight (48) students admitted twice annually effective immediately.**

NEXT STEPS: Notify the program of Board action.

PERSON(S) TO CONTACT: Shelley Ward
Nursing Education Consultant
(818) 558-5062

BOARD OF REGISTERED NURSING

REPORT OF FINDINGS

EAST LOS ANGELES COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

Visit Dates: October 7-8, 2013

NON-COMPLIANCE(S): (5)

CCR SECTION 1424(b)(1)- Administration/Organization – Program Evaluation
The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedure, attrition and retention of students, and performance of graduates in meeting community needs.

The program lacks evidence of implementation of the systematic plan for total program evaluation.

CCR SECTION 1424(d) - Administration/Organization – Sufficient Resources
The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.

The nursing building that provides classroom and skills/simulation lab space lacks sufficient supplies, and requires physical plant repairs and maintenance.

CCR SECTION 1424(h) - Administration/Organization – Faculty Adequacy
The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing listed in section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

The program lacks a sufficient number of qualified full-time faculty to achieve program objectives.

CCR SECTION 1426(b) – Required Curriculum
The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.

The current curriculum does not provide the structure and content to ensure that students have the knowledge, skills and abilities necessary to function and to meet the minimum competency standards of a registered nurse.

CCR SECTION 1431 – Licensing Examination Pass Rate Standard
The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.

The NCLEX examination pass rate for first-time test takers is below 75%.

RECOMMENDATIONS: (1)

CCR SECTION 1425.1(b) – Faculty Orientation
Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

Formalize the faculty orientation process specific to the nursing program.

CONSULTANT APPROVAL REPORT FOR CONTINUING APPROVAL REVIEW

EDP-S-08 (Rev. 09/13)

(916) 322-3350

PROGRAM NAME: EAST LOS ANGELES COLLEGE

DATES OF VISIT: October 7 & 8, 2013

WORK COPY

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1: PROGRAM DIRECTOR / ASSISTANT DIRECTOR			
SECTION 1425(a) The director of the program shall meet the following minimum qualifications:	X		Lurelean Gaines was appointed to the program director (Chairperson) position in 1997.
(1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;	X		The director received a MSN degree from California State University, Los Angeles.
(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h);	X		
(3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and	X		
(4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or	X		
(5) Equivalent experience and/or education as determined by the board.			
SECTION 1425(b) The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above or such experience as the board determines to be equivalent.	X		Brenda Chan was appointed as the program assistant director (Assistant Chairperson) in August 2012. Ms. Chan earned her MSN/FNP degree in 1997 from the University of California, Los Angeles.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		The director position is deemed by the college as a 100% administrative position. The director teaches theory courses in the ADN program. The assistant director position is allocated approximately 7 hours (0.2%) a week release time for program administration functions. Consultants advised that the program consider appointing a 2nd assistant director to facilitate the coordination of faculty responsibilities for curriculum revision and program evaluation. The structure for having a second assistant program director (Assistant Chairperson) position is also stated in the faculty policies.
SECTION 1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who is delegated the authority to perform the director's duties in the director's absence.	X		The position description for the assistant program director (Assistant Chairperson) requires knowledge of program policies and procedures, and that they are responsible for acting on behalf of the director in his/her absence.
SECTION 2: TOTAL PROGRAM EVALUATION			
SECTION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.	X		The college catalogue and the nursing student handbook describe policies and procedures. Updates to the nursing student handbook include information regarding the Los Angeles Community College E-10 Guide, Education Code, Section 76020, Registered Nursing Program Standards.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1424(b) **(1)** The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.		X	The program has a written plan for systematic program evaluation that was updated in 2012. Faculty reported during the visit that they were not familiar with the components of this particular plan. They also conveyed a general need for education on how to effectively design, implement and evaluate the effectiveness of a systematic plan for program evaluation. Consultants were not able to validate the program's attrition rate from the data provided in self-study report or during the visit. Summary data and data analysis presented in the self-study report or in program records were not sufficient in documenting that the program evaluation plan was consistently implemented as designed. The self-study report indicated that students' ineffective use of Kaplan remediation resources as leading to the NCLEX examination results of falling below the 75% regulatory requirement for first-time candidates. The program has started to use an information technology application to assist with data management; however, its effectiveness was not able to be demonstrated during the visit. **Non-Compliance: The program lacks evidence of implementation of the systematic plan for total program evaluation.**
SECTION 1424(b) (2) The program shall have a procedure for resolving student grievances.	X		The college catalogue and the nursing student handbook describe the grievance process, which includes the appointment of an Ombudsman to assist students.
SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		The program has a current organizational chart illustrating the functional organization of the faculty/ staff within the nursing department, and relationships to the clinical facilities. There is a new Dean responsible for the program.

	Compliance	Non-Compliance	COMMENTS
SECTION 3: SUFFICIENCY OF RESOURCES **SECTION 1424(d)** The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.		X	Staff - (2) full-time clerical assistants; (1) Nursing Laboratory- Full-time instructional R.N.; (1) part-time nursing lab technical assistant – (grant funded); Tutors – Students have resources for tutoring services for TEAS testing/remediation, and the program uses non-faculty R.N.'s to facilitate additional skill/simulation and clinical practice training from funding provided for by grants obtained through the Chancellor's Office and by the Los Angeles County Department of Health Services. Student peer tutoring is also available. The program also received a substantial amount of equipment (including a high-fidelity simulator) from the conclusion of a collaborative Department of Labor grant with St. Francis Medical Center. The G-9 Nursing Building houses the (5) nursing classrooms, the R.N. Nursing Laboratory, and faculty offices. The building is shared with other campus programs, and at times faculty have to find class space outside of the building. The program director, assistant director and clerical assistants are located in the F9-104 Bungalow. The program director explained that certain aspects of the physical condition of the Nursing Building resulted in the separation of the administrative space some time ago. Consultants were also informed that a potential plan for relocation of the nursing program to an offsite location would not be going forward, and that the refurbishment of the existing nursing building is a low priority for campus projects. The report to consultants also noted that students need to go to other locations outside the nursing building to access student lounge areas. Consultants noted while touring the nursing building that the temperature in the R.N. laboratory and other areas within the building was noticeably cold, and were informed that the temperature regulation (heat/cold) has been problematic for many years. Overall cleanliness/maintenance issues, storage of skill training equipment in classroom spaces, unfinished installation of information technology equipment to be used for simulation, and broken fixtures in public bathrooms and were noted.

	Compliance	Non-Compliance	COMMENTS
SECTION 3: SUFFICIENCY OF RESOURCES Con't **SECTION 1424(d)** The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.		X	Staff commented that there had been long-standing requests for maintenance improvements. Students indicated that there were insufficient supplies for supplemental clinical practice in the skills lab. The director indicated that the college does not allocate a budget for supplies, and that they are acquired via grant funded sources, and on occasion through donations. Multi-media resources, and books and periodicals made available to students in the Nursing Learning Laboratory are dated. Students have access to Wifi, computers, library resources, financial aid and counseling services. Classrooms have been updated with smart technology, and the program has high-fidelity simulation equipment that some faculty are using. **<u>Non-Compliance</u>: The nursing building that provides classroom and skills/simulation lab space lacks sufficient supplies, and requires physical plant repairs and maintenance.**
SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS **SECTION 1425** All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425. A program shall report to the board all changes in faculty including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:	X		All faculty teaching at the time of the visit are BRN approved for the courses they are assigned to teach in. The program completed many faculty remediation plans and faculty have been reclassified since the last BRN program visit in 2012.

	Compliance	Non-Compliance	COMMENTS
SECTION 1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	X		The faculty organize through a committee structure with the curriculum committee and the total faculty committees meeting on a continuous basis. Faculty also conduct course level meetings. All faculty are expected to attend faculty and committee meetings however part-time faculty have difficulty in participating due to conflicting work/life constraints. Lead faculty communicate with course faculty via email and telephone as needed. Committee meeting minutes do not clearly provide information to support program evaluation activities. **(See CCR 1424 (b) (1).**
SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.		X	There were a total of (225) students enrolled at the time of the visit (184 generic, 41 LVN). There are (6) full-time and (18) part-time faculty excluding the director position, which is designated as a 100% administrative position. The program director is assigned to teach mental health/ psychiatric nursing and Role Transition I &II theory courses in fall 2013.The program hired (3) full-time permanent tenure- track faculty from the existing faculty pool, and one full-time faculty member from external sources. This served to replace two full-time tenured faculty members who retired who taught medical/surgical and mental health/psychiatric nursing courses; and two full-time tenured faculty members that resigned, who both taught medical/surgical nursing. Two of the faculty members who retired remain as part-time faculty for the program. Fifty percent of the full-time faculty reported that they were working in overload assignments; and one of the (6) full-time faculty was on leave at the time of the visit. The lead instructors teaching medical/surgical theory in 2nd and 4th semester are part-time faculty members. Consultants were informed that a minimum of (9) full-time faculty are needed to effectively implement the program's objectives. Attempts to recruit qualified faculty were unsuccessful. Reallocation of college funding to resume recruitment for vacant positions is dependent on approval of the college's hiring committee. **Non- Compliance: The program lacks a sufficient number of qualified full-time faculty to achieve program objectives.**

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	X		Faculty assignments met requirements at the time of the visit.
SECTION 1425(c) An instructor shall meet the following minimum qualifications:	X		Twenty faculty are BRN approved at the instructor level (excluding the program director)
(1) The education requirements set forth in subsection (a) (1).	X		
(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:	X		
(A) One (1) year's continuous full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or	X		
(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and	X		
(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	X		
SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications:	X		Four faculty are BRN approved at the assistant instructor level.
(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
(3) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:	X		
(A) One (1) year's continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designation nursing area; or	X		
(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.	X		
SECTION 1425(e) A clinical teaching assistant shall have at least one (1) continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years, as a registered nurse providing direct patient care.	X		The program does not have clinical teaching assistants at this time.
Section 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:	X		The program faculty policies outline the functions of the content expert. Consultants discussed how the program is planning to maintain the content expert role for mental health/psychiatric nursing as the faculty member who serves in this capacity is retired and works part-time for the program. Content Experts: Med./Surg. – Brenda Chan MH/P– Jean Chuksorji OB -Martha Garcia Pediatrics -Pauline Sunda Geriatrics -Rachael Plotkin
(1) A master's degree in the designated nursing area; or	X		
(2) A master's degree that is not in the designated nursing area and shall:	X		
(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and	X		
(B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.	X		
Section 5: CURRICULUM			

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.	X		The purpose of the nursing program as stated in the student handbook is to prepare graduates for entry level positions as a safe and competent nurse, to prepare graduates for the successful completion of the NCLEX-RN and to promote a commitment to lifelong learning. The philosophy statement includes that it prepares nursing graduates with entry-level skills in diverse community settings, and also in the diverse roles of the nurse in relation to health promotion and restoration, illness prevention, health maintenance, and health care of the dying. Program Terminal Learning Outcomes focus on objectives to be met in the areas of provider of care, manager of client care, and professionalism. **See CCR Section 1426 (b)**
SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	X		Students reported that full-time and part-time faculty are knowledgeable and available and are an asset to the program. They do perceive congruency between theory content and clinical experiences. They expressed that faculty do seem to be communicating with each other regarding implementation of the curriculum.
SECTION 1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.	X		New full-time faculty members are assigned a mentor to assist them with orienting to the nursing program. The faculty handbook has a policy statement outlining orientation instructions for substitute faculty. All faculty are responsible for participation in clinical facility orientation. **Recommendation: Formalize the faculty orientation process specific to the nursing program.**
SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.	X		All faculty teaching at the time of the visit are BRN approved for the course content that they are teaching.
SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.	X		The program has begun to implement the revised (N269) Nursing Process& Practice in the Care of the Adult Client III course as planned from the last approved minor curriculum revision.

	Compliance	Non-Compliance	COMMENTS
SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2775, and to meet minimum competency standards of a registered nurse.		X	The conceptual framework is based on the Nursing Process, Abraham Maslow's Theory of Basic Human Needs, and Erik Erickson's Theory of Psychosocial Development. This framework has been used exclusively for many years. Curriculum threads integrated into the curriculum content include: Critical Thinking and the Nursing Process, Developmental Needs, Nursing Roles, Health Promotion and Teaching, Psychosocial, Ethical-Legal, Community Health, Wellness/Health Promotion, Nursing Interventions/Skills, and Communication. Faculty related that the last major curriculum revision occurred sometime between 2003-2006. NCLEX examination pass rates have been below 75% for (5) of the last (7) academic years. Program objectives are not reflective of instructional outcomes as stated in CCR Section 1426(d). Although students expressed positive comments regarding the faculty's attempts to consistently implement the curriculum, they commented that they adapt to the varying formats and content structure for each course syllabi, and how faculty vary in using the Moodle course management system. Course hours of instruction and units were missing in several syllabi. Leveling of curriculum content throughout the program is difficult to ascertain from review of the syllabi and from the structure of the clinical evaluation tool. Consultants discussed hiring a curriculum consultant to assist the faculty with revision of the curriculum (framework, structure, content, syllabi, clinical evaluation tool, rubrics, and pharmacology content sequencing). Faculty were also advised to develop a structure for the use of simulation, and for the integration of Kaplan learning resources as a component of the curriculum revision process. **Non- Compliance: The current curriculum does not provide the structure and content to ensure that students have the knowledge, skills and abilities necessary to function and to meet the minimum competency standards of a registered nurse.**

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number at least the following number of units in the specified course areas:	X		Total Units for Licensure = 68.5 or 69.5.
(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.	X		Total Nursing Units = 41.5 Nursing Theory Units = 23.5 Nursing Clinical Units =18
(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.	X		Communication Units =6
(3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	X		Science Units = 21 or 22
SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics.. Instructional outcomes will focus on delivering safe, therapeutic, effective patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.	X		The approved BRN curriculum plans include concurrent theory and clinical practice. Discussed revising instructional outcomes in program/ course objectives, course descriptions; and the need to generally update curriculum content with the faculty. Advised to evaluate the sequencing of pharmacology content to match student clinical experiences for medication administration expectations. **See CCR 1426 (b)**
SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.	X		
(1) nursing process;	X		
(2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;	X		
(3) physical, behavioral and social aspects of human development from birth through all age levels;	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
(4) the knowledge and skills required to develop collegial relationships with health care providers from other disciplines;	X		
(5) communication skills including principles of oral, written and group communications;	X		
(6) natural sciences including human anatomy, physiology and microbiology; and	X		
(7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	X		

	Compliance	Non-Compliance	COMMENTS
SECTION 1426.1 PRECEPTORSHIP A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:	X		Fourth semester students are completing the last offering of N 274- Role Transition II/Preceptorship with faculty mediated modifications. Students will begin N 274 Role Transition II (theory 0.5 units) in Spring 2014, which was approved as a curriculum revision in 2012, to address the shortage of preceptors needed to continue offering the clinical component of the course.
(a) The course shall be approved by the board prior to its implementation.	X		
(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that includes all of the following:	X		
(1) Identification of criteria used for preceptor selection;	X		
(2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student and faculty responsibilities;	X		
(3) Identification of preceptor qualifications for both the primary and relief preceptor that include the following requirements:	X		
(A) An active, clear license issued by the board; and	X		
(B) Clinically competent and meet the minimum qualifications specified in section 1425 (e);	X		
(C) Employed by the health care agency for a minimum of one (1) year; and	X		
(D) Completed a preceptor orientation program prior to serving as a preceptor;	X		
(E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1426.1 PRECEPTORSHIP (Continued)			
(4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:	X		
(A) The frequency and method of faculty/preceptor/student contact;	X		
(B) Availability of faculty and preceptor to the student during his or her preceptorship experience;	X		
(1) Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.	X		
(i) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.	X		
ii) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.	X		
	X		
(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:	X		
(A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;	X X		
(B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;			
(6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships.	X		
(7) Plan for ongoing evaluation regarding the continued use of preceptors.	X		
(c) Faculty/student ratio for precetorship shall be based on the following criteria:	X		
(1) Student/preceptor needs;	X		
(2) Faculty's ability to effectively supervise;	X		
(3) Students' assigned nursing area; and	X		
(4) Agency/facility requirements.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula: (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.	X X X		The curriculum is based on an 18-week semester system compressed into a 16-week calendar. Nursing courses span from (1) to (8) weeks in duration. The curriculum plan is designed so that (1) unit of theory is equal to (18) hours, and (1) unit of clinical practice is equal to (54) hours.
SECTION 6: CLINICAL FACILITIES			
SECTION 1425.1(c) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		
SECTION 1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.	X		
SECTION 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b),(c) and (d) of this section and the policies outlined by the board.	X		The program uses (5-6) different clinical facilities during the semester. Consultants clarified the difference in the purpose and record-keeping requirements for the Clinical Facility Approval Form (EDP-P-08) and the Program Clinical Facility Verification Form (EDP-I-14) with the program director.
SECTION 1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.	X		Consultant's visited students in (N265) Fundamentals clinical at both St. Vincent's Medical Center and at Monterey Park Hospital.

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:	X		The program had been using many of the same clinical facilities for many years. One change described is that Garfield Medical Center discontinued clinical rotations for schools of nursing in the summer of 2013.
(1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;	X		
(2) Provision for orientation of faculty and students;	X		
(3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;	X		Consultants discussed and clarified use of the term district in globally describing faculty responsibilities in the generic contract template.
(4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;	X		
(5) Provisions for continuing communication between the facility and the program; and	X		
(6) A description of the responsibilities of faculty assigned to the facility utilized by the program.	X		
SECTION 1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact of such additional group of students would have on students of other nursing programs already assigned to the agency or facility.	X		
SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria:	X		The student /teacher ratio is reported as 1:12 or less. A trend noted in the self-study report is that some clinical facilities decreasing ratios allowed to 1: 8-10.
1) Acuity of patient needs;	X		
2) Objectives of the learning experience;	X		
3) Class level of the students;	X		
4) Geographic placement of students;	X		
5) Teaching methods; and	X		
6) Requirements established by the clinical agency.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
SECTION 1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	X		The clinical evaluation tool used throughout the program reflects student performance standards as a Provider of Care, Manager of Care and for Professionalism. The tool reflects the expectations stated in program's terminal learning outcomes/objectives. Other tools and rubrics used by students in the supplemental packet of information that students acquire or download from an online site to use in addition to the syllabi reflected document dates from many years ago. The faculty have started updating the content of these tools and rubrics, examples of which were shared during the visit.
SECTION 7: STUDENT PARTICIPATION			
SECTION 1428 Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to:	X		The student handbook describes opportunities for student participation to include representation on: Curriculum Committee, Scholarship Committee, Student Council, Evaluation Committee, and Student Handbook Committee. Each class elects class officers whose activities are supported by a nursing faculty advisor. Students are provided the opportunity to complete evaluations for courses (theory/clinical) and for the clinical facilities that are used. Students are encouraged to join the ELAC NSNA.
(a) Philosophy and objectives;	X		Students were reminded to use the narrative section of the evaluation forms if there are other areas to provide feedback about the program on, since they commented that they tend to use the open-door policy of the director for that kind of communication.
(b) Learning experience; and	X		
(c) Curriculum instruction and evaluation of the various aspects of the program, including clinical facilities.	X		

	Compliance	Non-Compliance	COMMENTS
SECTION 8: LICENSED VOCATIONAL NURSES THIRTY (30) SEMESTER AND FORTY-FIVE (45) QUARTER UNITS			
SECTION 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in Section 2736 of the Code. Such applicant shall submit evidence to the board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.	X		There are no LVN 30-Unit Option students enrolled in the program at this time.
SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicants academic deficiencies, irrespective of the time such courses were taken.	X		The nursing counselor provides information to prospective applicants and is familiar with the option requirements. He stays informed on program changes via the nursing program director. Consultants clarified the GPA requirement distinctions between LVN students pursuing advanced placement admission and the 30/45 unit option with the nursing counselor and program director, as the district is in the process of updating admission policies for LVN applicants.
SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may be fulfill the additional education requirement.	X		

APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.	X X		
SECTION 9: PREVIOUS EDUCATION CREDIT **SECTION 1430** An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		The college catalogue specifies transfer and challenge policies and procedures. The nursing student handbook specifies the process for challenging nursing courses. Advance placement credit (10 units) is given to LVN applicants for entrance into the second semester coursework level in the program.

	Compliance	Non-Compliance	COMMENTS
SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD **SECTION 1431** The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. That report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe. (b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years. (c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.		X	The NCLEX-RN examination pass rate for first-time test takers did not meet the regulatory requirement pass rate of 75% for first time candidates in the academic year preceding the program visit. It was at 62.28% in 2012-2013. NCLEX – RN examination results for first-time candidates in prior years were: 2011-2012 – 82.26% 2010-2011 – 69.05% 2009-2010 – 61.67% 2008-2009 – 74.77% 2007-2008 – 64.44% 2006-2007 – 75.68% The program is using Kaplan integrated learning resources to augment faculty developed curriculum elements in nursing courses, and requires completion of a comprehensive exam with a pass rate of 76% prior to graduation. Students are also offered a live NCLEX-RN preparation course. The faculty action plan as stated in the self-study report is to hold students accountable for remediation using Kaplan resources. Students universally reported that they do not find the Kaplan learning resources that have been incorporated into the curriculum to be of use in enhancing their understanding of the curriculum, or for significantly influencing their potential for successful NCLEX-RN examination test outcomes. **Non- Compliance: The NCLEX examination pass rate for first-time test takers is below 75%.**

	Compliance	Non-Compliance	COMMENTS
SECTION 11: CHANGES TO AN APPROVED PROGRAM **SECTION 1432** (a) Each nursing program holding a certificate of approval shall:	X		The program updated the assigned NEC previously about the new program Dean, the change of the prior Dean who moved into to a V.P position, and that the college had a new president appointed.
(1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address.	X		
(2) Notify the board within ten (10) days of any:	X		
(A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program.	X		
(B) Substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program.	X		
(b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include:	X		
(1) Change in location.	X		
(2) Change in ownership.	X		
(3) Addition of a new campus or location.	X		
(4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.	X		

EAST LOS ANGELES COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

RESPONSE TO AREAS OF NON-COMPLIANCE(S)

CCR SECTION 1424(b)(1)-Administration/Organization-Program Evaluation
The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedure, attrition, and retention of students, and performance of graduates in meeting community needs.
"The program lacks evidence of implementation of the systematic plan for total program evaluation."

To validate and have evidence that the program is addressing its' evaluation plan we immediately began placing the departmental evaluation plan on the faculty meeting agenda and is reflected in the minutes as action item(s) with outcomes. Further, before the beginning of the new semester or at the first meeting of the each new semester we will review the plan and make the necessary changes and document the outcomes.

- The department is in the process of working with Office of Institutional Effectiveness in an attempt to obtain true attrition rates and compare that information with what the department continues to work on with an IT Consultant.
- Nursing is seeking utilization of one time funding to purchase **Typhon Group (Healthcare Solutions)** which is an online program that will enhance the departments' ability to document the relationship between every component of the curriculum, used as an analysis, communication, and planning tool. This tool will allow nursing faculty to review the curriculum to check for unnecessary redundancies, inconsistencies, misalignments, weaknesses, and gaps while documenting the relationships between the required components of the curriculum and the intended student learning outcomes. It also provides a review of assessment methods, and more importantly is identifies what students have learned, allowing faculty to focus on building on previous knowledge.

CCR SECTION 1424(d)-Administration/Organization-Sufficient Resources
The program shall have a sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.
"The nursing building that provides classroom and skill/simulation lab space lacks sufficient supplies, and requires physical plant repairs and maintenance."

The written statement from the BRN identifying this area of non-compliance was a handout shared with all members attending and placed on the agenda of Facilities Planning Subcommittee (the Nursing Chairperson is a member of this committee), in addition to this handout the President also received the entire report from the BRN.
The Dean has also met with the Vice President of Workforce Education in support of addressing the areas of concern with regard to the upkeep and maintenance of the G9 Nursing Building inasmuch as the department will not be moving in the very near future.
In the meantime as a committee member of the Facilities Planning Subcommittee the department chairperson will follow-up on the status and progress of G9-Nursing Building maintenance.

CCR SECTION 1424(h)-Administration/Organization-Faculty Adequacy
The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing listed in section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.
"The program lacks a sufficient number of qualified full-time faculty to achieve program objectives."

In its' program review nursing requested two full-time tenure track positions for medical/surgical nursing and on 25 October 2013 the department chairperson did the follow-up oral presentation to the campus hiring committee. On 12 November 2013 the Academic Senate shared its' recommendations from the Hiring Committee and nursing is #16 and 18 on the list for hiring. The final determination is to be voted on 26 November 2013 at the next Academic Senate meeting. Nursing if confident that it will be able to move forward in the hiring process knowing that President Martinez has the ability to override any changes that might ultimately affect nursing. A positive response from the Academic Senate will allow nursing to advertise positions for spring 2014.
Faculty are encouraging individuals to apply for substitute positions so that they may be positioned and approved by the BRN prior to any interviews that take place.

CCR SECTION 1426(b) –Required Curriculum
The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.
"The current curriculum does not provide the structure and content to ensure that students have the knowledge, skills and abilities necessary to function and to meet the minimum competency standards of a registered nurse."

The ultimate outcome for the department is to provide quality instruction to meet the competency standards of a registered nurse. Shortly after the NECs visit faculty began to discuss, plan, and review possibilities of implementation to improve the current curriculum challenge by reviewing the following:

- Incorporation of QSEN competencies into each course module
- Exploring the need to increase unit value for all medical/surgical courses
- Reviewing possibilities to decrease student teacher ratio in the clinical setting especially in the first year to provide a solid foundation
- Introduction of Electronic Medical Records in all nursing courses

The department is currently looking at curriculum plans in the district with the hopes of adoption and exploring the possibilities of hiring a consultant that is in the area that would be able to help guide the process to revamp the entire curriculum. Nursing has the support of college administration to support the department once a consultant has been identified.

CCR SECTION 1431 – Licensing Examination Pass Rate Standard
The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.
"The NCLEX examination pass rate for first-time takers is below 75%."

The expected outcome to have NCLEX examination pass rate for first-time takers will be above 75% resulting from the following plan(s) and implementation:

- At the October faculty/curriculum meetings faculty agreed to initiate incorporating Kaplan testing into the med/surg courses (N266, 267, 269, and 272 –med/surg I, II, II, IV)
- Detailed customized remediation plan for at risk students have been established
- Continue offering weekend clinical enhancements to success
- All courses will require students to complete the Kaplan focused practice test and integrated testing
- Continue to encourage additional resources for NCLEX preparation (numerous free sites in addition to NCSBN Hurst Review
- Utilize Evolve or Lippincott videos/case studies
- Incorporate more simulation into theory/clinical instruction (Workshops are offered every Monday from 1:00pm to 9:00pm and are well attended)
- Another RN has been hired to tutor on weekends (students are indeed grateful for additional support)

RECOMMENDATIONS: (1)
CCR SECTION 1425.1(b)
Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.
"Formalize the faculty orientation process specific to the nursing program."

Nursing faculty are in the process or updating and amending the faculty Orientation Packet to be completed during the winter session.

BOARD OF REGISTERED NURSING

Education/Licensing Committee

Agenda Item Summary

AGENDA ITEM: 7.4
DATE: February 6, 2014

ACTION REQUESTED: ITT Technical Institute Rancho Cordova (ITTRC) Breckinridge School of Nursing and Health Science (BSNHS)
Associate Degree Nursing Program
Program Compliance Report (PCR)

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: Carla Carter, MSN, M.Ed., RN was approved as the Program Director (PD) on 11/15/13 replacing former PD, Dr. M. Popoola (8/12/13-10/18/13). Dr. Mott, DNP, MSN, RN replaced Program Assistant Director (AD) Ms. Widman, MSN, RN (2/19/13-10/16/13) on 10/22/13. PD Ms. Carter has 100% (40 hrs/wk) administrative time and AD Dr. Mott has at least 20% (8 hrs/of 40 hrs/wk) assigned administrative time each quarter.

The program enrolled the first cohort in March 2012, the second cohort in September 2012 and third cohort in March 2013. Total program enrollment is 71 students: Cohort #1 (19), Cohort #2 (22), and Cohort #3 (30) students. A continuing approval visit was triggered in July 2013 due to the loss of two essential clinical affiliations (Sutter Health and Dignity Health) in the Spring 2013 quarter resulting in no acute care clinical placements for Cohort#1 to complete the required Adult Nursing II clinical hours in Summer 2013.

Detailed findings of the July 2013 continuing approval visit are described in the Education Licensing Committee (ELC) 8/7/13 meeting materials and the September 11, 2013 Board meeting reports. The July 2013 continuing approval visit findings included seven areas of non-compliance(s) and six areas of recommendations. The 7/13 summary Report of Findings is attached.

On September 11, 2013 (see attached Board action letter), the Board placed the program on Warning Status with Intent to Withdraw Program Approval, required the program to suspend enrollment indefinitely and submit evidence of full compliance with all nursing education regulations and statues by December 1, 2013. In October 2013, a minor curriculum change for Cohort #1 students authorizing re-sequencing of quarters 7, 8, and 9 nursing courses was approved so Cohort #1 students could continue to progress in the program given the October 2013 program leadership changes referenced above. The minor curriculum changes for Cohort #1 (only), moved the initially approved Quarter 7 Gerontology course to Quarter 8 (Winter 2013 quarter) to be taken along with the Quarter 8 OB/PEDS course and moved the Quarter 8 Nursing

Roles II course to Quarter 9 to be taken along with the final nursing Capstone Advanced Med.Surg/Preceptorship (Spring 2014). Cohorts #2 and 3 with continue to follow the June 2011 approved nine quarters curriculum and course sequence for program completion.

ITTRC's December 1, 2013 Program Compliance Report (PCR) pgs. 1-13 and the essential pertinent Exhibits/supporting evidence are attached to the agenda item summary and supporting Board documents. The complete set of ITTRC compliance evidence is available to committee and board members at the January and February 2014 meetings, but is not attached in its entirety because of the extensive nature and volume of evidence provided by the program. As required, program representatives will be in attendance for the ELC and full Board meetings when program information is presented.

The ITTRC's December 2013 PCR and supporting documents provide sufficient evidence demonstrating correction of and full compliance in the seven areas of deficiencies identified in the July 2013 continuing approval report. Cohort #1 completed the required AN II clinical coursework at Doctors Medical Center and Sacramento Post-Acute Care by October 19, 2013 and then the Quarter 7 Psych/Mental Health coursework in a compressed instructional format by the end of the Fall 2013 quarter per the approved minor curriculum changes applicable to Cohort #1. In Fall 2013, Cohort #2 and Cohort #3 also completed the required program coursework on time without any identified difficulties.

ITTRC's December 2013 Program Compliance Report (PCR) and supporting evidence shows ITTRC has secured the necessary acute care clinical placements at Sutter General and Sutter Memorial Hospitals and other clinical facilities to implement the program's full course of instruction and clinical practice/learning including Nursing Fundamentals (CC I and II), Gero, Psych/MH, OB/PEDS, Medical Surgical Nursing (AN I and II), and Advanced Medical Surgical/Preceptorship Nursing Capstone clinical placements as listed below.

Note: The signed Sutter Health clinical agreement specifies clinical placements are available for the current 71 program students at Sutter General and Sutter Memorial Hospitals through the graduation of Cohort #3 students in mid-June 2015. A new agreement would need to be written and signed to accommodate any new program enrollment or other Sutter facility placements such as Sutter Roseville which ITTRC used in the past.

For Winter 2013: two Sutter Health acute care facilities(Sutter General and Sutter Memorial) and one LTC/Post-Acute Rehab facilities will provide placements for all three cohorts as described here and on the attached Exhibit 7b Winter 2013 Cohort 1, 2, and 3 schedules.

- Sacramento Post-Acute Care to be used for Cohort #1 (Gero G1,2) and Cohort #3 (CC II G1,2,3).
- Sutter General Hospital-new contract 11/1/13; for Cohort #2 (AN II M/S G1,2).
- Sutter Memorial Hospital-new contract 11/1/13; for Cohort #1 (OB/PEDS G1,2).

Spring 2014: **Note:** Cohort #1 students will graduate at the end of the Spring quarter in mid-June 2014.

- Sacramento Post-Acute Care Cohort #2 (Gero G1,2); Cohort #3 (ANI G1,2,3).
- Sierra Vista Cohort #2 (Psych/Mental Health G1,2).
- Sutter General Hospital for Cohort #1 (Adv. M/S/Preceptorship G1,2).

- Sutter Memorial Hospital Cohort #1 (Adv. M/S/Preceptorship G1,2).

Summer 2014: only Cohort #2 and #3 (52 students) will be in the program.

- Sutter Memorial Hospital Cohort #2 (OB/PEDS G1,2).
- Sutter General Hospital Cohort #3 (AN II M/S G1,2,3).

Potential Back up/Alternative Clinical Sites Exhibit 7c as attached

- Oak Valley Medical Center acute care medical surgical-2 hrs. from Sacramento in Oakdale (contract in place; no placements scheduled for the next three quarters).
- Delta Rehab Lodi (contract in place; approved for Gero; no placements scheduled).
- Asbury Park LTC/Rehab Sacramento area (contract in place; approved for CCI and II-nursing fundamentals; no placements scheduled).
- Western Slopes Health Center Placerville (contract in place; used from 5/13 thru Fall 2013; future placements for CCI pending BRN approval status per WS request).

Additional clinical site contacts made by new PD Carter and AD Dr. Mott (Oct-Dec 2013); no signed written agreements or definitive placement commitments secured.

- Doctors' Medical Center Acute Care Hospital and Cancer Center on 11/13/13; PCR pg.4.
- Dignity Health Acute Care on 11/7/13 and conference call 11/15/13; PCR pgs.4, 9.
- Marshall Acute Care Hospital on 12/3/13; PCR pg.4.

Summary of ITTRC PCR evidence in each area of Non-Compliance
CCR 1420 (c), (h) PD/AD Insufficient/Ineffective coordination, direction …. per the July 7/13 BRN reports

- Refer to ITTRC PCR pgs.1-13; Binder Exhibits 1- 8 and 10-12a; this includes Cohort #1, 2, 3 Winter 2013 schedules as attached.
- A signed limited term clinical agreement with Sutter Memorial and General Hospitals (covering only current Cohort 1, 2, and 3 students thru June 2015) effective November 1, 2013. Binder Exhibit 3b.
- Winter 2013 and draft Spring and Summer 2014 clinical placement schedules included as Binder Exhibits 7a-b. These documents demonstrate availability of adequate clinical sites to implement the course of instruction for Cohorts 1,2, and 3 as needed.
- Fall 2013 Cohort #1 Sierra Vista (SV) Psych clinical rotations implemented effectively Binder Exhibits 4a. SV will be utilized again in Spring 2014.
- Fall 2013 Cohort #2 completed ANI at Sacramento Post-Acute Care and Cohort #3 completed CCI at Western Slopes. Overall, students and faculty rated these learning experiences as effective in meeting course learning outcomes. Binder Exhibits 4a-d 4.5 a-c.

CCR 1424(h) and 1426 (a) Lack of Timely BRN notification of program and curriculum changes per the 7/13 BRN visit reports and CCR 1423 and 1432.

- Refer to ITTRC PCR pg.3 for details related to the timely effective communication by ITTRC PD/AD and other ITTRC/ITTESI representatives. Ongoing phone and email communications have also been timely.

CCR 1424 (e) and (f) Inadequate and Insufficient Program Director(PD)/Assistant Director (AD) time in Administration/Management of Clinical Affiliations per the 7/13 BRN visit reports

- Refer to ITTRC PCR pgs.1-4; Binder Exhibits 3a, 4a, 7a-c for the detailed summary of the PD/AD management/administration of clinical affiliations, clinical site visits, etc. and success in securing required Winter 2013 clinical placements as well as working draft schedules for Spring and Summer 2014 clinical placements as needed.

CCR 1424 (b) (1) Total Program Evaluation per the 7/13 BRN visit reports:

- Refer to ITTRC PCR pgs.5-8 Binder Exhibits 4a-b, 5a-b. Includes raw data course evaluations for Fall 2013. PD and the program faculty have adopted the total program evaluation plan-Systematic Program Evaluation Plan (SPEP) Ms. Carter used at a previous ITT Associate Degree Nursing program with minor modifications in progress reflecting pertinent data collection intervals and benchmarks for ITTRC.
- Membership in the ITTRC Program Advisory Board (PAB) reviewed and augmented by PD Carter. The first meeting will occur 12/18/13 and outcomes reported thereafter.
- HESI NCLEX predictive testing processes, analysis/reporting/monitoring and student remediation activities are being completed as needed and on time.
- Fall 2013 course evaluation data was collected for all three program cohorts with markedly improved response rates; formal faculty analyses and action planning will occur in Winter 2013 through the appropriate program committees.

CCR 1420(e) and (k), 1424 (d), and (h) Program Administration: Budget and Faculty Resources per the 7/13 BRN visit reports;

Refer to ITTRC Program Compliance Report (PCR) pgs.7-8 and Binder Exhibit 5a-5b as well as the Winter 2013 Cohort 1, 2, and 3 course schedules as attached.

- New 5 years program budget developed; adjustments to the 2015-17 budgets may occur based on student enrollment patterns moving forward with required BRN review and approval prior to adjustment.
- As of December 2013, program faculty includes a total of 9 full time and 3 part time/adjuncts plus the FT PD Ms. Carter. Nine faculty including PD are MSN prepared and the remaining four faculty are BSN prepared assistant instructors. The required faculty content experts and a schedule for program content expert reviews are in place. Appropriate “back up” faculty is identified and the PD continues to recruit/interview in all five specialty areas.

CCR 1425.1 (d) Clinically Competent Faculty per the 7/13 BRN visit reports

- Refer to ITTRC PCR pg.8 and Binder Exhibits 4b and 7b.
- Appropriate faculty competency re-validation completed by PD Ms. Carter and AD Dr. Mott on 11/19/13. PD/AD is conducting ongoing weekly clinical site visits as well as required faculty observational visits per submitted evidence.
- No faculty supervision or competence issues/concerns identified by PD/AD, clinical agency staff, program students or the NEC during Fall 2013. Should any future concerns or issues occur, PD Carter indicates immediate follow up and actions will be taken.

CCR 1427 (a) Clinical Facilities: No OB, Peds, and Advanced Medical Surgical Placements secured to replace lost clinical affiliations with Sutter Health and Dignity Health per the 7/13 BRN visit reports

- Refer to ITTRC PCR pgs.1-13, Exhibits 7b Winter 2013 schedules and Exhibit 7c as attached for secured OB, PEDS and Medical Surgical clinical placements. Draft Spring/Summer 2014 clinical placement schedules included in Binder Exhibits 7b.

ITTRC Program Compliance Report (PCR) evidence for Recommendations per the 7/13 BRN visit reports: Please refer to ITTRC December 2013 PCR pgs.9-13 and Binder Exhibits 1-8b, and 10-12a for supporting evidence.

Summary NEC Comments:

- Accept ITTRC's December 2013 Program Compliance Report (PCR) as providing sufficient evidence of correction of the seven areas of non-compliance and adequate progress in addressing the six recommendations with no other areas of non-compliance identified at this time.
- Acknowledge, new ITTRC program director, Ms. Carter (since 11/15/13) and program AD Dr. Mott (since 10/22/13), have demonstrated appropriate, effective, and timely program planning, implementation, evaluation activities and communication for the period 10/22/13-December 2013 (approximately 5-6 weeks).
- Validate the program has in place the adequate and appropriate program resources such as a program specific 5 years budget and adequate type and number of faculty including faculty content experts as of December 2013.
- Confirm necessary clinical sites at Sutter General, Sutter Memorial, Sacramento Post-Acute and Sierra Vista have been secured. These placements have the capacity to provide required clinical practice experiences to support the program's full course of instruction including Nursing Fundamentals, Gero, Psych/Mental Health, OB, PEDS, Medical Surgical Nursing, and Advanced Medical Surgical/Preceptorship placements for all three existing program cohorts at this time.
- Note the current PD and AD are demonstrating appropriate actions to obtain additional and "back up" acute care clinical placements with Dignity Health, Marshall Hospital, and Doctors Medical Center although no signed agreements or such placements have been secured.
- Recognize in 2012-2013, ITTRC has not demonstrated a consistent, sustained pattern of program stability and full compliance with the nursing education statutes and regulations for a full quarter (12 weeks) or from quarter to quarter (Fall/Winter 2012, Spring 2013, Summer/Fall 2013) for several quarters. This fact is of significant importance and warrants careful consideration in making any immediate changes in the program's current approval status per the September and November 2013 Board Action letters.

Education/Licensing Committee recommendations of January 8, 2014:

- **Update program approval status to Defer Action For Continuing Approval.**
- **NEC will continue to monitor the program.**
- **The program must maintain full compliance with all BRN regulations.**

- **Continued suspension of new student enrollment/admission into the program.**
- **A written progress report is required for the March 2014 Education/Licensing Committee meeting. Program representation is not required at this meeting.**
- **The program will be presented at the August 2014 Education/Licensing Committee at which time full compliance must be demonstrated, especially with regard to resources including adequate type and number of clinical facilities and faculty to deliver the program to existing and future students. Program representation is required at this meeting.**

NEXT STEPS: Notify the program of Board action.

PERSON TO CONTACT: Katie Daugherty, MN, RN
(916) 574-7685

Report of Findings
ITT Technical Institute Rancho Cordova
Breckinridge School of Nursing & Health Science
Associate Degree Nursing Program
Site visit: July 10-17, 2013

Non Compliance(s):

CCR 1420 (c), (h) Program Director (PD), Assistant Director (AD): Insufficient and ineffective coordination and direction in developing, implementing and managing all program activities during the last 6-7 months (Dec 2012-July 2013).

CCR 1424 (h) and 1426 (a) A Lack of Timely BRN Notification of Program and Curriculum Changes: Lack of timely BRN notification when substantive program changes occur in at least three instances within the last 6-7 months; these included the delayed start of the Winter 2012 quarter; acceptable methods of making up missed clinical hours; and the June 3, 2013 Dignity written agreement termination.

CCR 1424 (e), (f) Inadequate and insufficient PD and AD time in the Administration and Management of Clinical Affiliations: PDs/ADs have not spent sufficient time and effort to ensure effective communication/collaboration with the program's two primary clinical agency partners (Sutter Health and Dignity Health) during the last 6-7 months. The ineffective/ inadequate management/administration of this vital program resource has led to the loss of two clinical affiliations crucial to implementation of the program 's course of instruction as initially approved. No comparable clinical affiliations have been secured.

CCR 1424 b(1)Total Program Evaluation Plan: The written plan is not being adequately implemented. There is evidence of incomplete data collection related to student clinical site evaluations and clinical evaluations for all clinical faculty. Student course evaluation response rates are low in a number of nursing courses. Sufficient student responses by the course participants are needed to make appropriate program improvements. In some courses, no course responses were provided. Clinical course evaluation data for two of the clinical faculty with reported practice setting competency issues not provided. Program reported this data as missing or never collected. There is inadequate monitoring and tracking of program related evaluative data collection activities.

CCR 1420 (e) and (k),1424(d) and (h) Program Administration: Budget and Faculty Resources Inadequate Type and Number: The program's initially approved budget and staffing plan has not been adequately implemented. There have been frequent delays in in acquiring needed program resources including faculty, a replacement PD and simulation equipment. Site visit requests for the current program budget info not available during or immediately after the visit. There continues to be a lack of adequate type and number of qualified faculty to support instruction, most urgent is identification of a psych/mental health content expert for 12/9/13 course start.

CCR 1425.1(d) Clinically Competent Faculty:
On 7/16/13, the site visit NEC observed one instance of inadequate faculty supervision of a student's oral medication administration. The faculty member permitted the student to administer the medication without adequate knowledge of the medication, the required patient specific medication knowledge, appropriate RN level application of the nursing process and requisite MR research/assessments prior to administration. NEC follow up with the faculty member and AD Widman occurred immediately.

CCR 1427 (a) Clinical Facilities: No OB, PEDS and Advanced Med.Surg clinical placements secured to replace the lost Sutter Health and Dignity Health clinical affiliiations. Without these crucial placements the program will be unable to implement the program curriculum as initially approved. OB/PEDS placements are needed by 12/9/13. Advanced M/S placements are needed by 3/17/14.

Recommendation(s):
CCR 1424 (b) (1) Written Policies and Procedures: Develop a program specific student re-admission/re-entry policy congruent with the campus policy as discussed 11/13.12

CCR 1424 (f):AD Functions/Knowledge: ADs need to become more familiar with BRN Director Handbook information including faculty and clinical facility approval processes, forms and submission requirements.

CCR 1424 (b) (2) Program Grievances: Develop a program level written method to track, trend and report grievance information/outcomes/actions.

CCR 1420 (f), and 1425 (f) Content Experts: Develop a written plan/schedule for completion of the five specialty areas content expert reviews, no later than Qtr. 9, so following one full program curriculum cycle, written reviews, recommendations, documentation, and action planning are completed in accord with program's written content expert review policy and program committee processes.

CCR 1425.1 (a) Faculty Responsibility: Provide a collaborative/supportive environment for the total program faculty to make timely changes in the curriculum including course testing/assessments. Address the faculty/student perception of a "disconnect between the syllabi and course testing/assessments. Ensure congruence with the KSAs reflected on the 2013 NCLEX RN Test Plan and current clinical practice.

CCR 1420 (k) and 1427 (b) Clinical Facilities Use to Meet Program Objectives:
Ensure the learning experiences planned for students by the faculty meet the objectives; and the required course of instruction includes the basic standards of competent performance, RN level critical thinking/ clinical reasoning, and role performance activities.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
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Louise R. Bailey, MEd, RN, Executive Officer

September 25, 2013

Dr. Mercy Popoola, PhD, RN
ITT Technical Institute
10863 Gold Center Drive
Rancho Cordova, CA 95670-6047

Dear Dr. Popoola:

The Board of Registered Nursing, at its September 11, 2013 meeting in Oakland, California determined that the ITT Technical Institute Rancho Cordova (ITTRC), Breckinridge School of Nursing Associate Degree Nursing Program was not in compliance with the requirements set forth in Article 3 (commencing with section 1420) of Division 14 of Title 16 of the California Code of Regulation regarding Board approved Prelicensure programs. Specifically, it was determined that ITTRC was not in compliance with the following provisions:

CCR 1420(c), (h) Program Director (PD), Assistant Director (AD): Insufficient and ineffective coordination and direction in developing, implementing and managing all program activities during the last 6-7 months (Dec 2012-July 2013).

CCR 1424(h), 1426 and 1432 A Lack of Timely BRN Notification of Program and Curriculum Changes: Lack of timely BRN notification when substantive program changes occur in at least three instances within the last 6-7 months; these included the delayed start of the Winter 2012 quarter; acceptable methods of making up missed clinical hours; and the June 3, 2013 Dignity written agreement termination. (Note: CCR section 1432 was added.)

CCR 1424(e), (f) Inadequate and insufficient PD and AD time in the Administration and Management of Clinical Affiliations: PDs/ADs have not spent sufficient time and effort to ensure effective communication/collaboration with the program's two primary clinical agency partners (Sutter Health and Dignity Health) during the last 6-7 months. The ineffective/ inadequate management/administration of this vital program resource has led to the loss of two clinical affiliations crucial to implementation of the program's course of instruction as initially approved. No comparable clinical affiliations have been secured.

CCR 1424(b)(1)Total Program Evaluation Plan: The written plan is not being adequately implemented. There is evidence of incomplete data collection related to student clinical site evaluations and clinical evaluations for all clinical faculty. Student course evaluation response rates are low in a number of nursing courses. Sufficient student responses by the course participants are needed to make appropriate program improvements. In some courses, no course responses were provided. Clinical course evaluation data for two of the clinical faculty with reported practice setting competency issues not provided. Program reported this data as missing or never collected. There is inadequate monitoring and tracking of program related evaluative data collection activities.

CCR 1420(e) and (k), 1424(d) and (h) Program Administration: Budget and Faculty Resources Inadequate Type and Number: The program's initially approved budget and staffing plan has not been adequately implemented. There have been frequent delays in in acquiring needed program resources including faculty, a replacement PD and simulation equipment. Site visit requests for the current program budget info not available during or immediately after the visit. There continues to be a lack of adequate type and number of

qualified faculty to support instruction, most urgent is identification of a psych/mental health content expert for 12/9/13 course start.

CCR 1425.1(d) Clinically Competent Faculty: On 7/16/13, the site visit NEC observed one instance of inadequate faculty supervision of a student's oral medication administration. The faculty member permitted the student to administer the medication without adequate knowledge of the medication, the required patient specific medication knowledge, appropriate RN level application of the nursing process and requisite MR research/assessments prior to administration. NEC follow-up with the faculty member and AD Widman occurred immediately.

CCR 1427(a) Clinical Facilities: No OB, PEDS and Advanced Med. Surg. clinical placements secured to replace the lost Sutter Health and Dignity Health clinical affiliations. Without these crucial placements the program will be unable to implement the program curriculum as initially approved. OB/PEDS placements are needed by 12/9/13. Advanced M/S placements are needed by 3/17/14.

In addition, the Board felt it was necessary to impose the following interim remedial measures upon ITTRC:

- Place the program on Warning Status With Intent to Withdraw Approval pursuant to B&P Code 2788 and CCR 1423.
- Suspend new student enrollment indefinitely.
- Require the program to inform all existing students and any prospective students that the program is placed on Warning Status With Intent to Withdraw Approval.
- Program to provide a progress report to the Board office by December 1, 2013 reflecting full compliance with BRN regulations to be presented at the January 2014 Education/Licensing Committee meeting.
- Program representative to be present at all Education/Licensing Committee and Board meetings when program information is presented.
- Nursing Education Consultant to continue monitoring the program as needed.

Failure to achieve full compliance with all of the deficiencies noted above by December 1, 2013 may result in Board action to initiate withdrawal of program approval.

Please also be advised of the school's responsibility under CCR 1432 to notify the Board, within ten days of, among other things, any changes in fiscal condition that will or may potentially affect adversely affect applicants or students enrolled in the nursing program, or substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution or higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program.

If further information is needed please do not hesitate to contact Katie Daugherty, NEC at (916) 574-7685.

Sincerely,

BOARD OF REGISTERED NURSING

Miyo Minato

Miyo Minato, MN, RN
Supervising Nursing Education Consultant

cc: Mr. Jeff Ortega, Campus Director, ITT Technical Institute Rancho Cordova
Katie Daugherty, NEC

December , 2013

Ms. Katie Daugherty, MN, RN
Nursing Education Consultant
California Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244

Dear Ms. Daugherty,

The Breckinridge School of Nursing and Health Sciences in Rancho Cordova respectfully submit the enclosed progress report to evidence full compliance with BRN regulations.

Compliance

1. CCR 1420 (c), (h) Program Director (PD), Assistant Director (AD):
Insufficient and ineffective coordination and direction in developing, implementing and managing all program activities during the last 6-7 months (Dec. 2012-July 2013).

Response: Acknowledging the gap created in program management, Breckinridge School of Nursing and Health Sciences (BSNHS) at the ITT Tech Rancho Cordova campus took decisive measures to appoint qualified program leaders to bring the program to a stable and effective level. The newly appointed PD, Carla Carter, approved 11/15/2013 and the AD, Dr. Mercy Mott, approved 10/22/2013 have over 60 years combined nursing experience to lead the program towards accomplishing its objectives.

In an effort to bring the nursing program to full compliance, the program administrators devised a strategic plan to address all areas of program activities devoting their full attention in developing, implementing and managing day-to-day activities of the program.

Planning the successful progression of students to upcoming quarters, the program administrators secured appropriate and adequate clinical sites and assigned faculty for all the courses offered in the upcoming winter, 2013 quarter. Faculty orientation to Sutter Health is in progress and will be completed by December 2, 2013. Supply materials are ready for skills lab.

Implementation of the strategic plan includes establishing and maintaining close relationships with all clinical affiliates. In that regard, the AD, Dr. Mott makes weekly visits to clinical sites and will continue throughout the winter quarter to monitor and evaluate clinical activities. On 11/08/2013 the PD and AD attended a clinical affiliate meeting and are actively seeking to join other similar consortium in the area. Program curriculum issues are handled by the curriculum committee, which is comprised of all faculty members.

The PD and AD have a regular day-to-day physical presence on campus, providing program stability and effective management and administration of the program to ensure the program remains in full compliance. The AD, Dr. Mott will continue to be assigned adequate (at least 20%) administrative time as required by the BRN. In addition, the AD will act as a faculty back-up in Med/Surg and Gerontology as needed.

Outcome Statement

Since appointment, the PD is currently devoting 100% of her time (40 hours) per week to program administrative duties, and the AD is assigned 20% of her time (8 hours per week) for administrative duties, to support the PD in the management of program activities. The AD time assignment will vary from quarter to quarter dependent upon particular current quarter needs, however; will never be less than 20% per quarter.

The administrative duties carried out by the PD, since approval include:

- Retrieval and organization of vital program compliance and operational documents
- Scheduling and coordinating upcoming quarter courses with clinical, labs and faculty assignments
- Making appointments and meeting with potential clinical facilities
- Maintaining communication with existing and new clinical affiliates
- Ongoing communication with the BRN through the NEC
- Compliance reporting and meetings
- Faculty and clinical site approval applications
- Pursuing, interviewing and hiring new faculty after BRN approval
- Clinical site visits Sacramento Post- Acute 10/30/2013, Sutter Memorial Hospital 11/8/2013, Western Slopes 11/12/2013
- Faculty observations and evaluations AM I: 11/19/2013
- Creating Faculty development activities (skills competency workshop 11/19/2013)
- Variety of student contacts and open discussions
- Meeting with clinical site administration as above
- Scheduling and coordinating faculty meetings, town hall meetings and curriculum/APG/SPEP committee meetings
- Tracking student progression and academic performance
- Coordinating HESI specialty exam administration, ordering and summarizing/analyzing student scores.

The AD duties include:

- Scheduling appointments with potential clinical affiliates
- Clinical site visits and evaluations 10/30/2013 Sac Post-Acute, 11/8/2013 Sutter Memorial Hospital, 11/9/2013 Sac Post-Acute, 11/12/2013 Western Slopes, 11/13/2013 Doctor's Hospital, 11/14/2013 Asbury Health & Rehab, 11/15/2013 Delta Rehab, 11/18/2013 Sierra Vista, 11/22/2013 Marshall Medical Center, 12/7/2013 Sierra Vista (see exhibit 3a)

- Clinical faculty evaluations TD 11/9/2013 NU2530, JR 11/11/2013 NU2530, ED 11/13/2013 NU2530, SS 11/18/2013 NU2740
- Student clinical support
- Other duties as assigned by the PD to support the program and to maintain BRN compliance

2. CCR 1424 (h) and 1426 and 1432 A Lack of Timely BRN Notification of Program and Curriculum Changes: Lack of timely BRN notification when substantive program changes occur in at least three instances within the last 6-7 months; these included the delayed start of the Winter 2012 quarter; acceptable methods of making up missed clinical hours; and the June 3, 2013 Dignity written agreement termination.

Response: In an effort to keep a timely notification of program activities to the BRN consultant, the program directors maintain regular communication reporting all activities via email and telephone. Currently, students attending the program are progressing as originally planned. Students in Cohort 1 will have minor course sequence changes, which was done after obtaining approval from the BRN consultant that will not affect their original scheduled graduating date. Changes and program activities were communicated in a timely manner following the BRN guidelines.

Outcome Statement

- Timely notification of minor curriculum changes for cohort 1 in quarters 7, 8, and 9 course re-sequencing 10/28/2013
- Timely communication of securing Sutter clinical placements on 11/8/2013
- Timely notification of a change in Western Slopes clinical placements on 11/21/2013
- December 2013 compliance evidence submitted to the BRN shows program operations and instruction of courses for the Fall, 2013 quarter have occurred as scheduled
- All students (cohorts 1-3, 71 students) have acknowledged and confirmed receipt of notification of the BRN status for BSNHS at Rancho Cordova. All prospective students are provided accurate information on BRN ruling regarding BSNHS status and will be updated on BRN's future decisions.

3. CCR 1424(e),(f) Inadequate and Insufficient PD and AD time in the Administration and Management of Clinical Affiliations: PDs/ADs have not spent sufficient time and effort to ensure effective communication/collaboration with the program's two primary clinical agency partners (Sutter Health and Dignity Health) during the last 6-7 months. The ineffective/inadequate management/administration of this vital program resource has led to the loss of two clinical affiliations crucial to implementation of the program's course instruction as initially approved. No comparable clinical affiliations have been secured.

Response: BSNHS acknowledges the importance of close communication with clinical affiliates. In that regard, the program administrators established a much closer and effective communication system with our affiliates. The PD & AD established scheduled and random visits to clinical sites, communicating via telephone and email with facility liaison discussing current and upcoming clinical assignments to sites.

In order to re-enforce our relationship with current and potential affiliates, the AD devotes a significant portion of her assigned administrative time to this effort. To indicate the progress of such communications, we enclosed a document showing a list of facilities visited and scheduled to visit **(Exhibit 3a).**

As a result of an organized and well-coordinated effort, BSNHS at ITT Tech Rancho Cordova campus was able to regain the much needed clinical affiliation agreement with Sutter Healthcare System **(See Exhibit 3b).**

Outcome Statement

- Re-established clinical agreement with Sutter Hospitals for OB/PEDS, M/S, and Advanced M/S effective 11/1/2013 through the June 2015 quarter when cohort 3 graduates.
- Re-established contact with the local Dignity hospital with liaison SM **(See CCR 1427(a) Response)**
- PD and AD meeting with facility Liaison (KJ) to schedule clinical assignments for the upcoming winter, Spring, and Summer quarters. **(See Exhibit 7b)**
- Faculty completed orientation workshop for Sutter facilities November 21, and December 2, 2013
- Students completed orientation for Sutter facilities December 2, 2013
- Faculty attended Meet-N-Greet workshop at Sutter Hospitals on December 2, 2012
- The PD, AD, and faculty plan to attend a Mental Health workshop at Sutter Memorial Hospital in February 2014
- Faculty attended the Alairis Pump training workshop at Sutter Memorial Hospital on November 21, 2013 and December 2, 2013
- Planned attendance for Mental Health Patient Care workshop at Sutter General Hospital in March 2014
- The PD, Dr. Mott Attended a meeting at Doctors Medical Center on November 13, 2013 with ES, clinical nurse director and LM, RNC-med/surg, to discuss securing a new agreement for clinical placement. The results are pending
- New clinical contract and BRN approval secured with Asbury Nursing and Rehabilitation Center
- Dr. Mott Attended a meeting at Marshall Hospital with CP, Director of accreditation and educational services on December 3, 2013. A new contract is pending, BRN clinical site approval already in place

4. CCR 1424 (b (1) Total Program Evaluation Plan: The written plan is not being adequately implemented. There is evidence of incomplete data collection related to student clinical site evaluations and clinical evaluations for all clinical faculties. Student course evaluation response rates are low in a number of nursing courses. Sufficient student responses by the course participants are needed to make appropriate program improvements. In some courses, no course responses were provided. Clinical course evaluation data for two of the clinical faculty with reported practice setting competency issues not provided. Program reported this data as missing or never collected. There is inadequate monitoring and tracking of program related evaluative data collection activities.

Response: The PD, Ms. Carter has communicated to students of the importance of completing their course surveys and faculty evaluations, each quarter. The PD has also communicated to the faculty to stress to their students the importance of this data retrieval and analysis. Moving forward, from Winter 2013 quarter and ahead, initiatives to complete the surveys are in place and the data will be summarized and added to the Systematic Program Evaluation Plan (SPEP). Based on achieved quarterly outcomes, action planning is initiated by faculty and will be done in a consistent and timely manner. The PD will closely monitor student response rates and course and faculty evaluations to reach a 90% or above student response rate. Program mechanisms are in place to initiate immediate program improvements such as HESI remediation plan, faculty test analysis, planned faculty development activities, and faculty skill competency verification.

The PD and AD are actively making clinical site visits on a weekly basis to evaluate clinical course facilities, clinical faculty, and students, to adequately monitor and track student learning and practice skills, and clinical faculty competency. Clinical evaluations **(See Exhibit 4a, Sections 4.4 a-d and 4.5 a-c)** completed by students, faculty, and clinical sites will be collected and analyzed. Summarized data will be entered into the SPEP to evaluate student learning and skill competency. Program mechanisms are in place to initiate immediate program improvements for example, the HESI remediation plan. The PD, Ms. Carter's previous experience has enabled her to, in a short time, implement actions, SPEP activities, and manage program operations.

The PD and AD conducted a faculty skills competency meeting on November 19, 2013 where clinical course faculty completed a skill check-list **(Exhibit 4b)** to ensure skill competency and to address any deficiency. All clinical faculties have completed the skill competency workshop except the new hire MA, which will be completed within 30 days of hire.

Outcome Statement

- The SPEP is driven by the following committees and is a used to evaluate the nursing program and to implement improvements. In December, 2013, BSNHS of Rancho Cordova has provided the NEC with available summer and fall, 2013 evaluative data. The summer 2013 response results were calculated and entered into the SPEP section 4, and submitted to the NEC December 4, 2013.
- No program complaints have occurred in the fall, 2013 quarter, and students are participating in program and committees as outlined in the handbook.

- Program committees are functioning effectively and documented minutes are maintained in binders in the PD office to show outcomes.

  APG Committee (Chair: AM)

  The Admission-Progression-Graduation Admission –Progression -Graduation (APG) Committee will assist the program administrator with:

  a) New nursing students' orientation.
  b) This Committee will review the progress of nursing students who are having difficulty negotiating the nursing program curriculum and make appropriate recommendations upon request for remediation plans including HESI scores and course performances.
  c) This Committee will also assist when appropriate with graduation related activities.
  d) The chair of this committee, (AM), will also assist the program chair with the orientation of faculty members.

  PAC Committee (Chair: CC)

  The Program Advisory Committee will assist the program chair to:
  a) Coordinate the involvement of nursing students in health related community based events. The focus will be on health promotion and disease prevention initiatives.
  b) This committee will participate in the planning of historically significant nursing related commemorative events. The Fall, 2013 PAC meeting will occur on December 18, 2013 as scheduled, and the scheduling of the Spring, 2014, PAC meeting will occur at this meeting. The PAC membership is broadened from eight members to ten members and all members have confirmed their attendance for the December 18, 2013 meeting.

  Curriculum Committee (Chair: MM)

  The functions of the Committee shall be:
  a) Review the philosophy, organizing framework, and program objectives and outcomes, ensuring compliance with College, BRN, and NNLNAC standards and criteria.
  b) Annually review the overall curriculum plan.
  c) Annually review the non-nursing and support courses.
  d) Annually evaluate the nursing courses in relation to the philosophy, organizing framework, and program objectives and outcomes.
  e) Ensure that current nursing and health care trends are incorporated into the curriculum.
  f) Annually review Library holdings for support of the curriculum
  g) Other related functions as necessary.
  h) Submit appropriate recommendations to the Organization.

- To continue accurate data collection numbers and analysis, the PD is encouraging students to respond to course surveys and hand-delivering survey forms to classrooms so students can complete the forms during class break times.
- Monthly meetings are held with each of three committees and minutes are kept in binders in the PD's office.
- The minutes are reviewed quarterly by committee chairs and the PD to ensure there are no course/assessment disconnects, the curriculum meets the theory and clinical objectives, and all committee goals are addressed.

- The PD is currently working on the SPEP to enter collected data to the form. The current program evaluations are being analyzed through the committee and nursing faculty meetings until the SPEP is revised. The expected revision of the SPEP will occur in January, 2014.

5. CCR 1420 (e) and (k), 1424 (d) and (h) Program Administration: Budget and Faculty Resources Inadequate Type and Number: The program's initially approved budget and staffing plan has not been adequately implemented. There have been frequent delays in acquiring needed program resources including faculty, a replacement PD and simulation equipment. Site visit requests for the current program budget info not available during or immediately after the visit. There continues to be a lack of adequate type and number of qualified faculty to support instruction, most urgent is identification of a psych/mental health content expert for 12/9/2013 course start.

Response: The PD and campus Director have put into place a new five-year budget **(Exhibit 5a)** to update the initial budget and will reflect the current number of students in the program. It is the goal of the program to hire competent, adequate, well qualified and experienced faculty to exceed the need of the program at all times. Commitment with a psych/mental health expert has been approved by the BRN and is in place and hired for the up-coming December 2013 Quarter. In addition, the BRN has approved a content expert in OB/PEDS and she will begin her position as a full-time faculty member in the up-coming winter, 2013 Quarter when the OB and PEDS courses are offered for the first time.

Currently, BSNHS at ITT Tech Rancho Cordova campus has nine full-time faculties plus one full time program director, and three part time **(Exhibit 5b)** faculties. The PD directors' Recruitment efforts and interviews continue to acquire qualified, dedicated faculty members. Currently BSNHS, Rancho Cordova, has eight qualified M/S faculty, two qualified Psych faculty, four qualified OB/PED's faculty and five qualified Geriatric faculty, and all have been BRN approved.

Outcome Statement

The submitted five-year budget is based on the admission of 30 students every other quarter and for a fiscal year: January through December.

- The HESI examination budgets include orders for initial and anticipated re-test exams. The total expense budget for 2013 is $1,2000,506.68
- The 2014 budget is for a total of 71 students. The total expense budget for 2014 is $1,387,181.68
- The 2015 budget is based on 30 students with the potential to enroll 30 additional students dependent on BRN approval status. The total expense budget for 2015 is $ 1,660,152.92
- The number of faculty members will remain unchanged until future enrollment status is determined and will be based on planned enrollment and available clinical placement
- The 2016 budget will be altered accordingly based on BRN compliance input and approvals. The total expense budget for 2016 is $1,750,652.92
- The total budget expenses for 2017 is, $1,800,652.92
- The PD and campus Director perform fiscal budgeting activities regularly to ensure student learning outcomes are attained.

The PD plans to use live clinical experiences and has confirmed clinical slots for the upcoming Winter 2013-2014, Spring 2014 and Summer 2014 quarters. After the summer 2014 quarter, structured simulation learning activities will be developed to be implemented by trained instructors DJ, and MM for selected courses.

6. CCR 1425.1 (d) Clinically Competent Faculty: On 7/16/2013, the site visit NEC observed one instance of inadequate faculty supervision of a student's oral medication administration. The faculty member permitted the student to administer the medication without adequate knowledge of the medication, the required patient specific medication knowledge, appropriate RN level application of the nursing process and requisite MR research/assessment prior to administration. NEC follow-up with the faculty member and AD, Widman occurred immediately.

Response: A Faculty Skills Competency Activity was conducted on 11/19/2013 by the PD and AD where faculty demonstrated and discussed clinical skills and validation was recorded on the faculty skills checklist **(See Exhibit 4b).** Skills competencies will be validated yearly, and will be completed for new faculty upon hire.

Orientation is provided to faculty and students prior to any clinical rotation. The PD and AD monitor and supervise faculty members during clinical rotations. To ensure continued compliance, the PD and AD are actively making clinical site visits on a weekly basis to evaluate clinical course facilities, clinical faculty, and students, to adequately monitor and track student learning and practice skills, and clinical faculty competency.

Outcome Statement

- Skill competencies were completed for all Med/Surg, PEDS, OB, and Gerontology faculties and will be completed within 30 days of hire on new faculty, (MA) and by week three of the upcoming winter 2013-2014 quarter. Additionally, mental health faculty were evaluated initially in the classroom as well as the clinical settings by the PD and AD, and will be completing the faculty skill competency training on December 30, 2013 to verify medical/surgical skill competency
- No faculty deviations of standards of care were identified for the fall 2013 quarter and adherence of all clinical agency policies were maintained by clinical faculty and by the students. Sac Post-Acute agency representative, WW (DON), had positive remarks about faculty and students and has authorized continuing faculty and student placement, indefinitely.

7. CCR 1427 (a) Clinical Facilities: No OB, PEDS and Advanced Med-Surg clinical placements secured to replace the lost Sutter Health and Dignity Health Clinical affiliations. Without these crucial placements the program will be unable to implement the program curriculum as initially approved. OB/PEDS placements are needed by 12/9/13. Advanced med-surg placements are needed by 3/17/14.

Response: As a result of an organized and well-coordinated effort, BSNHS at ITT Tech Rancho Cordova campus was able to regain the much needed clinical affiliation agreement with Sutter Memorial and Sutter General Facilities **(Exhibit 3b).** Faculty members have been provided with orientation schedule and a corrective action plan for Sutter Health Partnership **(Exhibit 7a).**Faculty and students have been provided corrective action and orientation packets, have successfully completed the requirements of both, and will be used for the next three quarters (Winter,2013, Spring, 2014, and Summer, 2014).

On November 8, 2013 the PD and AD attended the clinical placement meeting at Sutter Health and have secured clinical time-slots for Cohorts 1 and 2 for the up-coming December 2013 and March and June 2014 Quarters in the clinical areas of: OB/PEDS and advanced Med-Surg. Sutter has also agreed to accommodate students' clinical rotation for capstones course. As shown in one of the exhibits, we are glad to inform the board that we secured clinical rotation schedules for (OB/PEDS/MS) in the upcoming winter and spring quarters **(Exhibit 7b).** Reaffirming our institutions commitment to provide high quality education to our students, the effort to acquire more clinical sites will continue **(Exhibit 7c).**

The campus Director, Jeff Ortega, spoke with SM, Liaison from Dignity Health on November 15th. SM indicated Dignity may be open to discussions regarding re-securing affiliation at a point in time following their review of BRN reports from the forthcoming meetings in January and February of 2014. Mr. Ortega will contact SM following the publication of the results of these forthcoming meetings. This process will also involve submission of a corrective action and follow-up plans.

Outcome Statement

- BSNHS of Rancho Cordova has re-secured a clinical contract with Sutter Memorial and Sutter General Healthcare facilities and have confirmed clinical placement for the Winter, 2013, Spring, 2014 and Summer, 2014 quarters for OB, PEDS, M/S and advanced M/S courses.
- The PD and AD initiated a meeting with Dignity Hospital Administration. The AD met with SM on November 7, 2013 and was directed to have the campus Director (Jeff Ortega) contact her. On 11/15/2013 the campus director spoke with SM in the presence of the PD, via telephone.(See above response). A follow-up contact will occur in January, 2014.

BRN Consultant's Recommendations:

8. CCR 1424 (b) (1) Written Policies and Procedures: Develop a program specific student re-admission/re-entry policy congruent with the campus policy as discussed 11/12.

Response: BSNHS at ITT Tech Rancho Cordova campus has a re-enrollment/re-entry policy, which is in congruence with ITT Tech's re-enrollment/re-entry policy **(Exhibit 8a).** The re-admission policy is also outlined on Page 17 of the Implementation Guide and Page 77 of the Student Handbook **(Exhibit 8b).** It is the responsibility of the Program Director in collaboration with the campus Director, the Dean, Director of Recruitment, and the Registrar to ensure implementation of the policy procedure reflect the guidelines and to ensure that the re-enrollment process is handled in an appropriate and fair manner.

Outcome Statement

- The current re-entry policy is a general policy and does not address nursing specifically. This policy is currently under revision to address space availability in nursing program admission, and re-entry. A copy of the revised policy will be forwarded to the NEC upon completion (January, 2014) for approval, prior to implementation.

9. CCR1424 (f): AD Functions/Knowledge: ADs need to become very familiar with BRN Director Handbook information including faculty and clinical facility approval processes, forms and submission requirements.

Response: The program directors recognize the importance of staying current with the Board's rules and regulations and to comply with that aspect of their obligation they obtained and reviewed the most updated version of the BRN director Handbook documents. The directors formulated a system to check and verify documents for accuracy and completeness prior to sending documents to the BRN.

Outcome Statement

- The PD is familiarizing the AD to the BRN Director Handbook and has provided a hard-copy to the AD and faculty.
- The PD is orienting the AD to faculty and facility approval forms as well as the curriculum change forms provided in the Director Handbook

10. CCR 1424 (b) (2) Program Grievances: Develop a program level written method to track, trend, and report grievance information/outcomes/actions.

Response: BSNHS and ITT Technical Institute have a Student Affairs: *Customer Complaints* policy in place **(Exhibit 10a)**. The policy ensures all complaints/grievances are promptly acknowledged, thoroughly reviewed, objectively evaluated and resolved in an appropriate manner at within a reasonable period of time. Furthermore, effective September 16, 2013, an additional nursing program formal grievance tracking form, tool, and complaint summary form **(Exhibit 10b)** were developed. The forms have been reviewed and accepted by faculty members and submitted to the campus Dean and Director for approval. Student grievance documents showing proper steps of action taken and tracking records will be kept in a binder in the PD's office.

Outcome Statement

- Open communication at the monthly town-hall meetings continue to effectively address student issues in a timely manner.
- Since appointment, the PD, Ms. Carter has attended two town hall meetings. The first meeting addressed student concerns for lack of program leadership and the concern was resolved immediately at that meeting. The last meeting dated November 20, 2013, there were no student complaints. Meeting records are maintained in PD's office.

- The PD addressed all students' concerns and questions in a timely manner from the date she took charge of the administration of the program.

11. CCR 1420 (f) Content Experts: Develop a written plan/schedule for completion of the five specialty areas content expert reviews, no later than Quarter 9, so following one full program curriculum cycle, written reviews, recommendations, documentation, and action planning are complete in accord with program's written content expert review policy and program committee processes.

Response: At this time, BSNHS, Rancho Cordova has five content experts identified in the areas of Medical-Surgical, Mental Health (PSYCH), OB/PEDS and gerontology (**Exhibit 11a**). To help more faculty reach the content expert level and to allow more effective transition of faculty from Assistant Instructor to Instructor status, mentors will be available for remediation and recruitment of additional faculty/content experts.

The PD and AD have reviewed many courses with NEC for selection of clinical sites and the PD and AD will continue the clinical site visits to evaluate facilities for appropriateness of associated course objectives.

Outcome Statement

- PD will schedule the five-area content experts to meet in the beginning of quarter nine, March 2014, to review course content, student exam scores, instructor guides, and lesson plans to identify the need to formulate a recommendation for curriculum changes. The recommendations are generated through the contact experts' written reviews, documentation and action-planning as outlined in the program committee processes.
- PD submitted a grid **(Exhibit 11a)** listing all qualified and approved content experts in the five specialty areas on November 26, 2013.

12. CCR 1425.1 (a) Faculty Responsibility: Provide a collaborative/supportive environment for the total program faculty to make timely changes in the curriculum including course testing / assessments. Address the faculty/student perception of a "disconnect between the syllabi and course testing/assessments. Ensure congruence with the KSAs reflected on the 2013 NCLEX RN Test Plan and current clinical practices.

Response: Nursing Faculty Organizational Meetings (NFOs) are held each month to review faculty responsibilities in program review and for in-services for faculty development projects. Faculty participation in the curriculum, admission-progression- graduation (APG), and systematic program evaluation plan (SPEP) committees have been established and meet quarterly. Faculty members are assigned to the following committees: Curriculum Committee; APG Committee; SPEP Committee.

APG committee members track final grades for nursing students, and monitor grades throughout the quarter as students' progress **(Exhibit 12a)**. In the event of cumulative scores nearing or falling below the 80% required for successful completion of course, remediation activities, and tutoring is implemented.

The curriculum committee members perform item analysis on course assessments to monitor assessments for congruence with syllabi, accuracy and effectiveness. In the event the committee identifies question(s) that may not be congruent with course syllabus or objectives, the committee initiates the process to omit, edit, or continue to use the question.

Outcome Statement

- The PD has assessed the course exam scores, HESI scores, and student grade progression records and determined scores are within the performance range recommended by HESI (Evolve/Elsevier). Faculty supervised student remediation has been immediately initiated when scores fall below the recommended range. A copy of the HESI scores assessed were submitted to the NEC on November 26, 2013 and completed for the final specialty HESI (Cohort 1: Mental Health) on December 4, 2013.
- The specialty HESI scores and course exam scores are meeting or exceeding expected thresh-hold performance for each cohort showing more connection to syllabi and assessment processes. The HESI scores are maintained and tracked in the APG committee binder located in the PD's office.
- There has been no recent report to the APG and Curriculum Committees from faculty, concerning a "disconnect" between the syllabi and course assessments.

Aggregate BSNHS NCLEX pass rates for the 2012 calendar year were reported to the NEC on the 08/07/2013 report and are not yet available for the 2013 calendar year. For the 2013 calendar year, Federal Graduate Employment Information disclosures that would include NCLEX outcomes for calendar year 2013 are required to be published by 7/1/14. We do not finalize until June 2014. Caution should be exercised when comparing state to state aggregate BSNHS NCLEX pass rates as there are significant variances in student populations such as, socio-economic factors, differences in curriculum, and varying entrance exam scores involved in each respective student population as evidenced by the average entrance HESI examination score is 75% to 78% for the majority of the East Coast Schools, and the average HESI entrance examination scores at BSNHS, Rancho Cordova range from 93% to 95%. The PD, Ms. Carter has reported her assessment of the student's performance at the Rancho Cordova campus. The students perform at a higher level when compared to other States and BSNHS Campuses.

13. CCR 1420 (k) and 1427 (b) Clinical Facilities Use to Meet Program Objectives: Ensure the learning experiences planned for students by the faculty meet the objectives, and the required course of instruction includes the basic standards of competent performance, RN level critical thinking/clinical reasoning, and role performance activities.

Response: Selection of clinical placements was conducted in a manner following existing BRN guidelines focusing on: assurance of adequacy of the clinical learning environment, orientation for faculty and

students, responsibilities and authority of the facility's staff, assurance of adequate staffing in the facility to care for patients, a plan for continuing communication between the program and the facility, and responsibilities of faculty facilitating students' learning to meet course objectives.

The PD & AD visited and re-verified the appropriateness of clinical facilities for assigned course providing adequate learning experiences. The curriculum committee also reviews course theory contents and clinical objectives. Theory learning activities and clinical experiences are designed to provide progressively simple to complex RN level critical thinking, problem-solving, and role performance. Modification of course learning activities is based on program evaluative feedback and faculty analysis and action planning.

Outcome Statement

- The current PD and AD having made clinical site visits and evaluations of all facilities and have determined the clinical facilities used are accomplishing student learning and desired program outcomes. Students can prioritize care and safely and competently care for increased numbers of patients (3-4)
- In the fall, 2013 quarter, students have reported an increase in satisfaction of learning Raw data for the summer and fall, 2013 quarters were submitted to the NEC in December 2013. Improved evaluative response rates are also evident in the fall. 2013 quarter. Students (all 3 cohorts) have verbally reported to the PD and faculty, higher levels of satisfaction with program learning activities, and with achievement of program objectives

Summary:

The evidence submitted to the BRN in December, 2013, supports corrections of the seven areas of non-compliance and adequate progress in addressing the six recommendations.

Thank you

Sincerely,

Carla J. Carter, MSN, M. Ed, BSN, RN
Nursing Program Chair
Breckinridge School of Nursing and Health Sciences
ITT Technical Institute, Rancho Cordova

PART of Exhibit 7B

Breckinridge
School of Nursing
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Cohort 1 Winter 2013
Class & Clinical Schedule

NU2747 Gerontology/NU2840 Maternal Child **Dates:** December 8, 2013 - March 1, 2014 **Effective:** 11/20/2013

Required Theory & Clinical Hours: Gero 25H/60H ; Maternal Child 45H/90H

Weeks		*Sunday*	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*
FACULTY		TD	SW/DT	DJ		DJ	DJ	TD
WK 1	Dec 8-14		GERO 0900-1130 OB 1300-1730	OB SMH O = ALL 6H				
WK 2	Dec 15-21	GERO SAC Group 1 = 12H	GERO 0900-1130 OB 1600-2030			OB SMH Group 2 = 10H	OB SMH Group 1 = 10H	GERO SAC Group 2 = 12H
WK 3	Dec 22-28	GERO SAC Group 1 = 12H	GERO 0900-1130 OB 1300-1730	CHRISTMAS EVE	CHRISTMAS DAY	OB SMH Group 2 = 10H	OB SMH Group 1 = 10H	GERO SAC Group 2 = 12H
WK 4	Dec 29-Jan 4	GERO SAC Group 1 = 12H	GERO 0900-1130 OB 1300-1730	NEW YEARS EVE	NEW YEARS DAY	OB SMH Group 2 = 10H	OB SMH Group 1 = 10H	GERO SAC Group 2 = 12H
WK 5	Jan 5-11	GERO SAC Group 1 = 12H	GERO 0900-1130 OB 1300-1730			OB SMH Group 2 = 10H	OB SMH Group 1 = 10H	GERO SAC Group 2 = 12H

FACULTY		TD	ZF	ZF	SW/DT			TD
WK 6	Jan 12-18	GERO SAC Group 1 = 12H	PEDS SMH O = ALL 5H	PEDS SMH Group 1 = 12H	GERO 0900-1130 PEDS 1300-1730			GERO SAC Group 2 = 12H
WK 7	Jan 19-25		PEDS SMH Group 2 = 12H	PEDS SMH Group 1 = 12H	GERO 0900-1130 PEDS 1630-2100			
WK 8	Jan 26-Feb 1		PEDS SMH Group 2 = 12H	PEDS SMH Group 1 = 8H	GERO 0900-1130 PEDS 1300-1730			
WK 9	Feb 2-8		PEDS SMH Group 2 = 8H	PEDS SMH Group 1 = 8H	GERO 0900-1130 PEDS 1300-1730			
WK 10	Feb 9-15		PEDS SMH Group 2 = 8H		GERO 0900-1130 PEDS 1630-2100			
WK 11	Feb 16-22							
WK 12	Feb 23-Mar 1						*Subject to change	

Note: H = Hours, O = Orientation, SMH = Sutter Memorial Hospital, SAC = Sacramento Post Acute

JR = Jordana Ricaforte, TD = Teresa Dodson, EM = Emmylou De Guzman, MM = Dr. Mercy Mott, DJ = Diana Johnston, ZF = Zona Freeman; SW= Sara Warth

PART of Ex. 7B

Breckinridge
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Cohort 2 Winter 2013
Class & Clinical Schedule

NU2630 Adult Nursing II/EN1420 Composition II **Dates:** December 8, 2013 - March 1, 2014 **Effective:** 11/20/2013

Required Theory & Clinical Hours: Adult Nursing 40H/120H ; Composition II 45H (ON-LINE)

Weeks		*Sunday*	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*
FACULTY			JR	AM 0800-1200	JR	JR		
WK 1	Dec 8-14		SGH O = ALL 12H	NU2630				
WK 2	Dec 15-21		Group 1 SGH = 12H	NU2630		Group 2 SGH = 12H		
WK 3	Dec 22-28		Group 1 SGH = 12H	**CHRISTMAS EVE**	**CHRISTMAS DAY**	Group 2 SGH = 12H		
WK 4	Dec 29-Jan 4		Group 1 SGH = 12H	**NEW YEARS EVE**	Group 2 SGH = 12H			
WK 5	Jan 5-11		Group 1 SGH = 12H	NU2630	Group 2 SGH = 12H			

FACULTY			JR	AM	JR			JR
WK 6	Jan 12-18		Group 1 SGH = 12H	NU2630	Group 2 SGH = 12H			
WK 7	Jan 19-25		Group 1 SGH = 12H	NU2630	Group 2 SGH = 12H			
WK 8	Jan 26-Feb 1		Group 1 SGH = 12H	NU2630	Group 2 SGH = 12H			Group 2 SGH = 12H
WK 9	Feb 2-8		Group 1 SGH = 12H	NU2630	Group 2 SGH = 12H			MAKE-UP SGH = 12H
WK 10	Feb 9-15		Group 1 SGH = 12H	NU2630				
WK 11	Feb 16-22			NU2630				
WK 12	Feb 23-Mar 1			NU2630				

Note: H = Hours, O = Orientation, SGH = Sutter General Hospital

AM = Annemarie Marchi, JR = Jordana Ricaforte, TD = Teresa Dodson, EM = Emmylou De Guzman, MM = Dr. Mercy Mott, ZF = Zona Freeman

Breckinridge School of Nursing and Health Sciences @ ITT Technical Institute

Cohort 3 Winter 2013 Class & Clinical Schedule

NU1420 Clinical Concepts and Techniques II/NU1425 Pharmacology **Dates:** December 8, 2013 - March 1, 2014 **Effective:** 12/05/2013

Required Theory & Lab/Clinical Hours: Clinical Concepts 30H/30H/90H ; Pharmacology 50H

Weeks	*Dates*	*Sunday*	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*
FACULTY			AM NU1425 0830-1130 NU1425 1230-1430	AM NU1420 1230-1530	LAB 0800-1700 MA	LAB 0800-1700 MM	LAB 0800-1700 JR	
WK 1	Dec 8-14		NU 1425	NU 1420	ALL LAB = 8H	ALL LAB = 8H	ALL LAB = 8H	
WK 2	Dec 15-21		NU 1425	NU 1420		ALL LAB = 6H	SAC O = ALL 6H	
WK 3	Dec 22-28			**CHRISTMAS EVE**	**CHRISTMAS DAY**			
WK 4	Dec 29-Jan 4			**NEW YEARS EVE**	**NEW YEARS DAY**	SAC Group 2 = 12H	SAC Group 3 = 12H	
WK 5	Jan 5-11		NU 1425	NU 1420	SAC Group 1 = 12H	SAC Group 2 = 12H	SAC Group 3 = 12H	

FACULTY			AM NU1425 0830-1130 NU1425 1230-1430	AM NU1420 1230-1530	MA	MA	JR	TD
WK 6	Jan 12-18		NU 1425	NU 1420	SAC Group 1 = 12H	SAC Group 2 = 12H	SAC Group 3 = 12H	
WK 7	Jan 19-25		NU 1425	NU 1420		SAC Group 2 = 12H	SAC Group 3 = 12H	SAC Group 1 = 12H
WK 8	Jan 26-Feb 1		NU 1425	NU 1420		SAC Group 2 = 12H	SAC Group 3 = 12H	SAC Group 1 = 12H
WK 9	Feb 2-8		NU 1425	NU 1420		SAC Group 2 = 12H	SAC Group 3 = 12H	SAC Group 1 = 12H
WK 10	Feb 9-15		NU 1425	NU 1420		SAC Group 2 = 12H	SAC Group 3 = 12H	SAC Group 1 = 12H
WK 11	Feb 16-22		NU 1425	NU 1420				SAC Group 1 = 12H
WK 12	Feb 23-Mar 1		NU 1425	NU 1420			*Subject to change	MAKE-UP SAC = 12H

Note: H = Hours, O = Orientation, SAC = Sacramento Post Acute

AM = Annemarie Marchi, JR = Jordana Ricaforte, TD = Teresa Dodson, EM = Emmylou De Guzman, MM = Dr. Mercy Mott, ZF = Zona Freeman, MA= Melissa Anderson

Breckinridge
SCHOOL OF NURSING
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Exhibit 5b/11a

Faculty BRN Approvals
12/12/2013

Faculty	Employment Status	Content Expert	Classification	MS	OB	MH	PEDS	G	Degree's	Teaching Assignments
Carter, Carla	Full-Time		Program Director						MSN Education	Administrative 100%
Johnston, Diana	Full-Time	Ped/OB	Instructor		✓		✓		MSN Education	Maternal / Child Start Date: 11/21/13
Marchi, Annemarie	Full-Time		Instructor	✓					MSN Education	Didactic/Clinical for Clinical Nursing Concepts 1&2
Mott, Dr. Mercy	Full-Time	Med Surg/Gero	Instructor	✓				✓	DNP	Assistant Nursing Director, Clinical Back-up for M/S, Gero
Warth, Sara	Full-Time		Instructor	✓				✓	MSN Education	Didactic/Clinical for Clinical Nursing Concepts 1&2, Adult Nursing 1&2, Pharm, & Nursing GERO, Capstone
Hubbard, Gwen	PT Adjunct	Mental Health	Instructor			✓			MSN Education	Didactic and Clinical for Mental Health Nursing
Starck, Sue	PT Adjunct	Mental Health	Instructor			✓			MSN Nursing	Didactic and Clinical for Mental Health Nursing
DeGuzman, Emmylou	Full-Time	Gero	Instructor	✓				✓	MS -Adm. Nursing	Clinical for Clinical Nursing Concepts 1&2, Adult Nursing 1&2, Geron Nursing
Dodson, Teresa	Full-Time		Asst. Instructor	✓		✓		✓	BSN Nursing	Clinical for Mental Health Nursing, Geron, and various Med-Surg, Back-up Sunday Mental Health
Freeman, Zona	Full-Time		Asst. Instructor	✓			✓		BSN Nursing	Clinical Peds, Adult Nursing 1&2
Ricaforte, Jordana	Full-Time		Asst. Instructor	✓				✓	BSN Nursing	Clinical for Clinical Nursing Concepts 1&2, Adult Nursing 1&2, Geron Nursing
Anderson, Melissa	Full-Time		Asst. Instructor	✓					MBA Education	Clinical for Clinical Nursing Concepts 1&2, Adult Nursing 1&2 Hire in process. Approx. Start Date: 12/09/13
Heinze, Sakre	Part-Time		Instructor		✓				MSN Nursing	Back-up OB Instructor

Ex. 5b/11A

Breckinridge
School of Nursing
and Health Sciences
@ ITT Technical Institute

12/11/2013

	Clinical Site	Type of Facility	Course(s)	BRN Approved	Used/ Available for Use, Back-up
1	Asbury Park Nursing and Rehabilitation Center 2257 Fair Oaks Blvd. Sacramento, CA 95825	Long Term Care	NU1325 Clinical Concepts I	yes	Available for use. No dates scehduled.
2	Delta Rehab Care 1334 S Ham Lane Lodi, CA 95242 209-334-3825	Long Term Care	NU2747 Gero	yes	Available for use. No dates scehduled.
3	Marshall Medical Center 1100 Marshall Way Placerville, CA 95667 (530) 622-1441	Acute Care: Adult Nursing I Adult Nursing II Capstone Precetorship	NU2530 Adult Nursing I NU2630 Adult Nursing II NU2999 Advanced Med Surg I Capstone	yes	Pending Use when contract signed and dates are scheduled.
4	Oak Valley Hospital 350 S Oak Ave, Oakdale, CA 95361 (209) 847-3011	Acute Care/Long Term Care Clinical Concepts I Clinical Concepts II Gero Long Term Care	NU1325 Clinical Concepts I NU1420 Clinical Concepts II NU2747 Gero	yes	Back-up (contract in place). No placements scheduled
5	Sacramento Post-Acute 5255 Hemlock Street Sacramento, CA 95841 916-331-4590	Long Term Care/Acute Care Rehabilitation Clinical Concepts II Adult Nursing I & II Advanced Med Surg Gero	NU1420 Clinical Concepts II NU2530 Adult Nursing I NU2630 Adult Nursing II NU2747 Gero (Back-up)	yes	Currently used each quarter
6	Sierra Vista Hospital 8001 Bruceville Road Sacramento, CA 95864 916-423-2000	In-patient Psych Mental Health	NU2740 Psych/ Mental Health	yes	Used Fall 2013. Will use again Spring 2014
7	Sutter General Hospital 2801 L Street Sacramento, CA 95816 916-454-2222	Acute Care Rehabilitation OB, Med Surg, Gero	NU2630 Adult Nursing II NU2747 Gero NU2840 OB NU2999 Advanced Med Surg I Capstone	yes	To be used Winter 2013, Spring and Summer 2014
8	Sutter Memorial Hospital 5151 F Street Sacramemnto, CA 95819	Acute Care, PEDS, Gero, Adult Nurse, Advanced Med Surg, Gero, Preceptorship	NU2630 Adult Nursing II NU2747 Gero NU2840 PEDS NU2999 Advanced Med Surg I Capstone	yes	To be used Winter 2013, Spring and Summer 2014
9	Western Slopes 3280 Washington Street, Placerville, CA 95667 530-622-6842	Long Term Care/Acute Care Rehabilitation	NU1325 Clinical Concepts I	yes	Used in past; future use pending BRN approval status

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.5
DATE: February 6, 2014

ACTION REQUESTED: Feasibility Study American Career College Associate Degree Nursing Program

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND: Ellen M. Lewis, MSN, RN, FAAN, is responsible for development of the proposed new Associate Degree Nursing (ADN) Program at American Career College (ACC). Her title is Director, Nursing, ADN Program. The American Career College Feasibility Study dated February 12, 2013, is the first feasibility study submitted by ACC. At the request of the BRN, additional information dated November 27, 2013 was received. The following summary describes how the proposed program plans to meet the BRN requirements as outlined in Step 3 of the *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program (EDP-1-01(REV 03/10).*

Description of the Institution

ACC is a private, for-profit, postsecondary education institution approved to operate in California since 1978. ACC consists of the Los Angeles main campus, the Orange County branch campus and the new Long Beach branch campus opened in February 2013. The proposed ADN program will be housed on the Los Angeles main campus.

ACC-LA campus has been located at 4021 Rosewood Avenue (Hwy 101 and Vermont Street) since 1989. This campus consists of a 50,000 square foot, three-story building which houses its existing programs.

ACC-LA campus currently offers 10 health related programs: Medical Assistant, Dental Assisting, Surgical Technology, Optical Dispensing, Massage Therapy, Respiratory Therapy, Pharmacy Technician, Vocational Nursing, Health Claims Examiner/Medical Billing, and Health Information Technology. The number of students admitted to these programs from July 1, 2011 to June 30, 2012 was approximately 1472 students. Upon successful completion of these programs, ACC awards a diploma to all the programs with the exception of the Surgical Technology program which awards an Associate of Science Degree.

ACC is approved to operate by the Bureau of Private Postsecondary Education (BPPE) and is accredited by the Accrediting Bureau of Health Education Schools (ABHES). Both of these are valid through December 2017. ACC will submit an ADN program application to ABHES pending BRN approval of the Feasibility Study in January 2014. Once ABHES accreditation is obtained, notification to the BPPE will take place. ACC's approval by the BPPE is by means of the ABHES accreditation. ACC plans to award an Associate of Science degree to ADN program graduates.

ACC maintains programmatic accreditation for several of its programs: Medical Assistant, Surgical Technology, and Pharmacy Technician. ACC also maintains state board approvals for the

Vocational Nursing and Dental Assisting programs. All ACC programs are in good standing with all relevant state regulatory boards, and institutional and programmatic accrediting bodies.

The NCLEX-PN pass rates for graduates of ACC vocational nursing program for the past five years are: 2009-69% (N226), 2010-74% (N190), 2011-75% (N164), 2012-75% (N153), and 2013 to date-71% (136). The minimum pass rate standard used by the BRN to monitor how successful RN programs are in preparing graduates is 75%. ACC-LA has initiated an intensive remediation plan to improve its pass rates.

Geographic Area

The ACC-Feasibility Study (FS) includes an overview of the demographics for LA county, plus a description of its health care needs.

Type of Program

The proposed program will be a generic ADN program. ACC offers its programs on a year round basis with an academic term spanning 10-weeks. The ADN program will consist of eight (8) academic terms extending over 1.6 calendar years.

Applicant Pool

ACC has documented interest (internal student survey and telephone inquiries) in the proposed program by future applicants. ACC also has an active marketing program for attracting qualified applicants not accommodated by existing RN programs in the geographic area due to capacity limits.

ACC is planning to admit 40 students in the initial student cohort September 2014. In 2015 and each subsequent year, a total of 120 students will be admitted with either four cohorts of 30 students or three cohorts of 40 students. ACC is still analyzing the cohort size.

The date for implementation of the proposed program is September 2014. ACC has been advised of the BRN recommendation of a two year time frame between approval of a college's feasibility study by the BRN and the projected enrollment of the first student cohort. However, ACC is confident that the required resources and the self-study phase of the initial approval process will be finished by then.

Curriculum

ACC intends to offer all BRN required courses for the ADN program including all science and GE courses. The proposed curriculum consists of 97 academic quarter units: 41 prerequisite quarter units and 56 nursing quarter units (28 nursing theory and 28 of clinical practice). The Feasibility Study includes a brief description of all the courses and the proposed course sequence.

Resources

The proposed program will be housed on the third floor of ACC's existing building. This will involve a major renovation of the existing space. The ACC communication dated November 27, 2013 includes four Exhibits: ADN Program Space Plans Construction Schedule, Construction Budget, and Example of Faculty Work Station. The renovation timeline schedules completion for June 24, 2014.

ACC expects to hire and has budgeted for 47 faculty members: thirty-seven (37) nursing faculty and 11 GE and science faculty. Of the 37 nursing faculty, four will be full-time and the remainder part-time.

ACC has a full array of student support services in place. Staffing levels are projected annually during budget discussion. Each program is taken into account and the campus is staffed accordingly to meet the needs of each program and student population as a whole.

Budget

ACC has made a substantial financial commitment of $2,000,000 to program development. These funds, in addition to funds generated by existing programs, will support the costs of both the renovation and the budget line deficits for the first two years of operation of the proposed program. The tuition, books and fees for the length of the proposed program will be $64, 950. It is anticipated that the program will be self-sufficient by year three of operation.

ACC sets aside a percentage of revenues from the entire college (across all campuses) on an annual basis specifically for new program development and unforeseen circumstances. In the event of an emergency, these funds are accessed to assist in sustaining a program until such time as the program is stabilized or a new strategy developed.

Clinical Placements

The ACC-FS documents clinical placements from a total of sixteen (16) health care facilities. There are signed Facility Verification Forms from all of these facilities. The majority of these facilities are acute care.

These forms demonstrate availability of clinical placements in all BRN required clinical areas (MS, OB, Peds, Psych and Geri). In addition, there are acute care experiences in all of these areas. The instructor to student ratio in the clinical setting will be one to ten with the exception of the Advanced Medical/Surgical II clinical where a one to five ratio will be implemented.

Currently, the LA county area does not have a clinical placement consortium. The ACC Clinical Acquisition Team works with each facility to ensure that new program placements do not result in displacement of existing students.

Conclusion

The American Career College Feasibility Study meets all the BRN Feasibility Study requirements. Continuing areas of concern are: the history of average and substandard NCLEX-PN pass rates; the student enrollment plan; the short time period planned for the self-study phase of the initial approval process; the curriculum course sequence; and the few full-time and the large number of part-time faculty planned to support the proposed program.

Education/Licensing Committee recommendations of January 8, 2014:

- **Accept the American Career College Feasibility Study with the revision of proposed enrollments reduced to a maximum of 30 students admitted twice each year.**
- **Areas that need further development for the Self-Study document include full-time to part-time faculty ratio and securing adequate and appropriate clinical placements.**

NEXT STEPS: Notify American Career College of Board action.

PERSON(S) TO CONTACT: Carol Mackay, MN, RN
Nursing Education Consultant

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
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Louise R. Bailey, MEd, RN, Executive Officer

October 31, 2013

Ellen M. Lewis, MSN, RN, FAAN
Director, Nursing, ADN Program
American Career College
4021 Rosewood Avenue
Los Angeles, CA 90004

American Career College Feasibility Study dated February 12, 2013 for an Associate Degree Nursing Program

Dear Ellen,

The following is in reference to the American Career College (ACC) Feasibility Study (FS) dated February 12, 2013. This document has been reviewed to determine if the information, which it presents, meets the requirements of the California Board of Registered Nursing (BRN).

At this time, the American Career College Feasibility Study does not meet all the BRN requirements as outlined in Step 3 of the *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program [EDP-1-01 (REV 03/10)]*. In order to meet outstanding requirements, the following additional information is required.

Description of the Institution

When did American Career College Los Angeles move to the Rosewood Avenue location?

Please provide a description of the ACC Los Angeles campus/building.

Accreditation

Has ACC applied to the BPPE and to ABHES for approval of an associate degree nursing program? What is the status of these applications?

Start Date

Please adjust the program's start date. The BRN recommends a two year time frame between when a school anticipates its FS will be BRN approved and the projected student enrollment date for the new program. This time frame allows the proposed program to acquire the needed resources and successfully complete the Self Study phase of the initial approval process.

Further, this enrollment date does not preclude a school from starting earlier if the Self-Study phase of the initial approval process is successfully concluded before then.

Applicant Pool

What are the plans for marketing the proposed program?

Resources

What are the details of the space renovation plan (Appendix H) for housing the proposed program, i.e. floor plan, timeline, etc.? Please provide descriptions of classrooms, faculty offices, Skills Lab, Simulation Center, etc.

What will be added to the existing holdings in ACC library to meet the learning needs of professional RN students? Likewise, what AV/computer programs will be purchased for the ADN program?

Is the existing staff in the student support services (Admissions, Financial Aid, etc.) at ACC Los Angeles adequate to accommodate the student growth related to the new program?

Thank you for the projection of faculty needs through the first three student cohorts (Appendix J). Based on this Table, how many total faculty will be needed for implementation of the proposed program? Of these, how many faculty are anticipated to be full time? How many will be part time?

Budget

Page 44 of the FS lists the various components of the proposed program being developed by ACC. However, the costs or projections for these items are not reflected in the Financial Pro Forma (FPF). Please provide a breakdown of program development expenses for the ADN program.

What will the tuition be for ACC ADN program?

To what does contribution margin in the FPF refer? There are multiple $0 and o entries in the FPF, please clarify with a footnote what these zeros mean or insert projections. Please clarify the meaning of the Addback Depreciation budget line in the FPF.

Please provide a breakdown of the Other Operating Expenses budget line, be as detailed as possible. Where are projected costs for library acquisitions, AV and computer programs, simulation equipment, etc.?

What are the annual reserve funds for the proposed program in the event of an emergency? How are these funds generated? Where in the Financial Pro Forma are these funds reflected?

The BRN expects that proposed nursing programs will be financially supported in part by the institution, and not solely by student tuition. Please clarify how ACC will meet this requirement? Is this reflected in the Financial Pro Forma? Where?

Next Steps

According to the BRN *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program*, institutions are limited to two Feasibility Study submissions to demonstrate compliance with the BRN requirements. This means that American Career College Los Angeles has one more opportunity to satisfactorily meet BRN requirements.

If the second American Career College Los Angeles FS is successful, the FS will be placed on an Education Licensing Committee (ELC) agenda. This may not be the next occurring ELC meeting. Placement on the ELC agenda will be decided based on the committee workload and BRN staff availability. If the second American Career College Los Angeles FS is unsuccessful, the entire process must be started again with a *Letter of Intent*, etc. These *Instructions* … can be viewed on the BRN web site.

Please submit two hard copies and one electronic version of the revisions to the American Career College Los Angeles FS.

I trust this information is helpful. Should you have questions, please contact me.

Sincerely,

Carol Mackay, MN, RN
Nursing Education Consultant
Board of Registered Nursing
Carol_Mackay@dca.ca.gov
760-583-7844

November 27, 2013

Ms. Carol Mackay, RN
Nursing Education Consultant
Board of Registered Nursing
1747 North Market Blvd., Suite 150
Sacramento, CA 95834

Re: American Career College- Los Angeles
Feasibility Study dated February 12, 2013 for Associate Degree Nursing Program

Dear Carol,

Thank you for the opportunity to meet with you to review and to receive feedback on the above stated document and to answer my questions regarding future steps.

The additional information you requested, as outlined in your October 31, 2013 correspondence, is detailed below. Hopefully, this additional information will help ensure that American Career College Los Angeles (ACC) meets all the BRN requirements as outlined in Step 3 of *the Instructions for Institutions seeking Approval of New Prelicensure Registered Nursing Program (EDP-1-01(REV 03/10).*

ACC's responses to BRN Consultant's questions are as follows:

Description of the Institution

When did American Career College Los Angeles move to the Rosewood Avenue location?

ACC Response: ACC moved to the 4021 Rosewood Avenue location on September 1, 1989. During the first year of operations, the building was leased and then purchased by ACC owner David Pyle in 1990.

Please provide a description of the ACC Los Angeles campus building.

ACC Response: The ACC Los Angeles campus is located in a 50,000 square foot, three-story building at Hwy 101 and Vermont in Los Angeles. It is readily accessible for students with disabilities and conveniently located near public transportation. The campus Library is 450 square feet with book stacks and nine student computer stations. The 900 square foot Student Resource Center houses Student Services, Registrar, and the Business Office. There are a variety of student common areas including a 700 square foot Student Break Room with vending machines, microwaves, and other amenities. The 1,600 square foot Career Services Center is conveniently located on the 3rd floor, adjacent to the ADN Program location. The classrooms include the use of smart technology, high-fidelity equipment, and modern ergonomic furniture surrounded by natural light that is illuminated through the exterior glass on all three floors. The final result is a student-centric facility with the resources to train, support and prepare exceptional nursing candidates for their professional careers.

Accreditation

Has ACC applied to the BPPE and to ABHES for approval of an associate degree nursing program?

ACC Response: ACC is prepared to submit the application and the Feasibility Study for new program approval to the Accrediting Bureau of Health Education Schools (ABHES) now that preliminary review by the BRN has begun. Once ABHES approves the program, notification to the Bureau for Private Postsecondary Education (BPPE) will take place immediately. ACC's approval by the BPPE is by means of the accreditation by ABHES.

Since the original Feasibility Study was submitted to the BRN, ACC is pleased to report that the Associate Degree for Physical Therapist Assistant has been approved by ABHES and granted candidacy by the Commission on Accreditation of Physical Therapy Education (CAPTE) to matriculate students in April 2014 at the Orange County campus. Additionally, the Occupational Therapy Assistant Associate of Occupational Science is in the application process.

What is the status of these applications?

ACC Response: The ABHES application will be submitted in January 2014 pending approval of the Feasibility Study by the BRN Education and Licensing Committee.

Start Date

Please adjust the program's start date. The BRN recommends a two year time frame between when a school anticipates its FS will be BRN approved and the projected student enrollment date for the new program. This time frame allows the proposed program to acquire the needed resources and successfully complete the Self Study phase of the initial approval process. Further, the enrollment date does not preclude a school from starting earlier if the Self-Study phase of the initial approval process is successfully concluded before then.

ACC Response: The revised date for implementation of the proposed program is September 2014. There is full support of ACC to meet this target assuming the program has met all BRN requirements for a new program and the program has BRN Approval. ACC is planning to admit 40 students in the first cohort in 2014 and then will admit 120 students in 2015 with either four cohorts of 30 students or three cohorts of 40. The cohort size is still being analyzed. Please see **Exhibit 1 Updated Financial Pro Forma** which has been adjusted to reflect the new proposed start date.

Applicant Pool

What are the plans for marketing the proposed program?

ACC Response: The plans for marketing initiatives that will be taken to launch the Associate Degree Nursing program include the following:

- Television
    - ACC will create a TV spot specifically geared towards the ADN program.

    - The ADN program offering will be added to ACC's general program TV spots.
- Internet
    - ACC will include the program as part of the existing marketing buy with our internet vendors and start bidding on ADN-related keywords to launch Pay-Per-Click advertising.
- Website
    - ADN will have its own program page.
    - ACC's Public Relations Director will post a press release about the new program on the News section of the website page.
- Newspaper
    - ACC will work with several papers of record (i.e. Long Beach Telegram, the San Bernardino Sun, The OC Register, the Inland Empire Weekly) to place print and line ads.
    - The LA Times will be used to showcase the new program to the community.
- Email
    - Email newsletters will be sent to interested prospective applicants, current students, and graduates in the event that they may know someone also interested in the new ADN program. If needed, ACC also has the ability to purchase mailing lists from various associations.
- Open House Support
    - The new program will have an open house with the program director and supporting faculty and staff in attendance showcasing the program. These events will be promoted on social networking sites, website page, emails to clinical partners and internal database. In addition, there will be grassroots efforts in the form of flyers and posters on campuses and in the community.
- Social Networking
    - ACC has a large presence on Facebook, Twitter, Instagram and LinkedIn to speak to the ADN Program launch.

Resources

What are the details of the space renovation plan (Appendix H) for housing the proposed program, i.e. floor plan, timeline, etc.?
Please provide descriptions of classrooms, faculty offices, Skills Lab, Simulation Center, etc.

ACC Response: The following items are attached for review:

- **Exhibit 2 ACC Los Angeles Plans for ADN program space**
- **Exhibit 3 ACC Los Angeles ADN program schedule for construction**
- **Exhibit 4 ACC Los Angeles Budget for Construction**
- **Exhibit 5 Example of faculty work station**

As the drawings indicate, there will be a 4-6 bed skills lab that will accommodate 10-12 students in a session. In addition, a new two bed simulation center will be developed. Both of these labs will be equipped with equipment representing the latest technology and the most current and best innovations in interactive instructional and learning technology to facilitate the teaching and assessment of clinical skills.

There are also two large "Smart" classrooms equipped with Smart board technology that will accommodate 40 plus students dedicated to the Associate Degree Program as well as two small group rooms that will accommodate 12 students for small group activities.

Office space is being created for the Director, Assistant Program Directors, faculty and associate staff. All full-time and part-time faculty (OB & Peds) will have individual offices. Eight (8) work stations have been designed in the faculty suite for science faculty and clinical adjuncts, as needed, and these stations will have access to a dedicated printer.

Each office will be equipped with desk, desk chair, side chairs, computer docking stations, monitors and key boards, small color printer, file and book storage units, as well as wall clocks. Each full-time and part-time faculty member will be issued a lap top computer with all the necessary software to support their efforts.

What will be added to the existing holdings in ACC library to meet the learning needs of professional RN students? Likewise, what AV/computer programs will be purchased for the ADN program?

ACC Response: The current library space on third floor is being moved to an enlarged and more functional space on the second floor and will continue to have computer stations as well as text book collection. The collection for hard cover books is being developed for the ADN Program. However, online access to journals is essential and it is planned that students would have access to CINAHL Plus with Full Text, OVID, and ProQuest's Health & Medical Complete and the Nursing & Allied Health Source modules. The Director of Nursing for the ADN Program is currently working in consultation with The University Librarian at West Coast University to evaluate efficacy of other online library access for students and for faculty.

Students will also have access through eCollege, ACC's learning management system, to all electronic textbooks for the program, course content, asynchronous presentations, adaptive learning modules and additional web-enhanced content to support their theory and laboratory courses. Students will maintain access to the content throughout the program and will be issued a tablet device (e.g. iPad, Microsoft Surface) at the beginning of the program. Wireless internet is available throughout the campus and additional computer lab space is available.

Is the existing staff in the student support services (Admissions, Financial Aid, etc.) at ACC Los Angeles adequate to accommodate the student growth related to the new program?

ACC Response: Yes. For 35 years, ACC has demonstrated successful student and graduate outcomes in various health care programs by maintaining a high level of interaction between faculty and students, supplemented by all of the student support services available on campus. ACC is focused on the teaching/student learning dynamic, therefore outstanding teaching is the priority of the faculty. ACC bases faculty workload assignments on successful student to faculty interaction and engagement as well as ongoing assessment of each faculty member's performance and needs. ACC unique structure affords program faculty and students support by the administrative academic team, Director of Education, Retention Specialist, Student Resource Center personnel (which includes student support functions such as registrar, student services, business office, co-curricular support) and the Career Services

department (which assists with job preparation and placement, interviewing skills, professional development). This structure alleviates the burden on faculty by providing wrap-around support services to students throughout their entire program at ACC.

Staffing levels in the Student Resource Center and Career Services are projected during budget discussions and set according to student enrollment, projected number of graduates and any programmatic requirements or licensure/credentialing needs. Each program is taken into account and the campus is staffed accordingly to suit the needs of each program and the student population as a whole. See **Exhibit 6 for the Organizational Chart**.

Thank you for the projection of faculty needs through the first three student cohorts (Appendix J). Based on this Table, how many total faculty will be needed for implementation of the proposed program? Of these, how many faculty are anticipated to be full time? How many will be part time?

ACC Response: ACC expects to hire and has budgeted for faculty as follows:

- 4 Full-time faculty as content experts (Geriatrics/Long Term Care, Medical-Surgical, Behavior Health, and Advanced Medical Surgical)
- 2 Part-time faculty as content experts (0.5 FTE OB and 0.5 FTE Pediatrics).
- 32 Part-time Clinical Instructors paid per diem for clinical hours in various specialties over 8 terms
- 2 Science Instructors part-time paid per diem in which they are teaching (Anatomy & Physiology and Microbiology)
- 7 Part-time General Education instructors paid per diem
- **Grand total: 47**
    - Full-time Faculty (4)
      Part-time (11)
      Hourly Clinical Instructors (32)

Budget

Page 44 of the FS lists the various components of the proposed program being developed by ACC. However, the costs or projections for these items are not reflected in the Financial Pro Forma (FPF). Please provide a breakdown of program development expenses for the ADN program.

ACC Response: ACC has included $100,000 towards Curriculum Development and Library acquisitions in the Planning Year and Year 1 as found in **Exhibit 7 Instructional Non-Salary Expenses**. **Exhibit 7** is the detail for the Instructional Non-Salary line item on the FPF. Additionally, we have included $50,000 for Miscellaneous/Contingency as found on the FPF.

What will the tuition be for ACC ADN program?

ACC Response: Tuition, books and fees for the length of the program will be $64,950.

To what does contribution margin in the FPF refer? There are multiple $0 and o entries in the FPF, please clarify with a footnote what these zeros mean or insert projections. Please clarify the meaning of the Addback Depreciation budget line in the FPF.

ACC Response: Projections have now been entered to clarify the administrative and overhead costs for the program. See **Exhibit 1**. Contribution margin refers to the extra funds created by the program that will be used to cover the school's General and Administrative (Overhead) departments. These departments are Admissions, Advertising, Administration, Career Services, Student Services and Facilities. As noted in the question above, there are zeros next to these departments with exception to Advertising. The submitted FPF only captures the revenue and expenses associated with the ADN program, therefore the General and Administrative departments' costs are not included.

The negative contribution margin in the Planning year and Year 1 will be supported by the positive contribution margin of the school's other programs along with additional funds that have already been set aside for the development of new programs.

The Addback Depreciation line is only used for an internal calculation and cash flow purposes.

Please provide a breakdown of the Other Operating Expenses budget line, be as detailed as possible. **Where are projected costs for library acquisitions**, **AV and computer programs**, **simulation equipment**, **etc.?**

ACC Response: The Other Operating Expenses budget line is a subtotal of the following lines found on the FPF - Admissions, Advertising, Administration, Financial Aid, Career Services, Student Services, Facilities – Rent & Operation, Facilities – Prop. Tax/Business Licenses, Facilities – Security, Bad Debt, Depreciation, Miscellaneous/Contingency.

The costs for the library are included in Exhibit 7 on the Curriculum Development and Library line. Additionally, the build-out for the library, AV and computer programs, simulation equipment are all included in Exhibit 4 as part of the capital investment costs on FPF.

What are the annual reserve funds for the proposed program in the event of an emergency? How are these funds generated? Where in the Financial Pro Forma are these funds reflected?

ACC Response: ACC sets aside a percentage of revenues from the entire college (across all five campuses) on an annual basis specifically for new program development and unforeseen circumstances. In the event of an emergency, these funds can be accessed. These funds are generated through the revenues of the other existing programs at ACC. These funds are not reflected in the FPF as a line item. However, a portion of these funds will be used to offset the negative contribution margin for the Planning Year and Year 1. As the program matures, contributions to replenish and bolster these funds will be made from the program.

The BRN expects that proposed nursing programs will be financially supported in part by the institution, and not solely by student tuition. Please clarify how ACC will meet this requirement? Is this reflected in the Financial Pro Forma? Where?

ACC Response: Across its five campuses, ACC offers more than 30 programs. If any program experiences an unforeseen event, the contribution margins from the other programs will be available to assist in sustaining the program until such time as the program is stabilized or a new strategy is developed.

I look forward to working through the next steps of the process. Thank you for your continued assistance! If you have any questions or need further information, please do not hesitate to contact me at (323) 906-2281 or elewis@americancareercollege.edu.

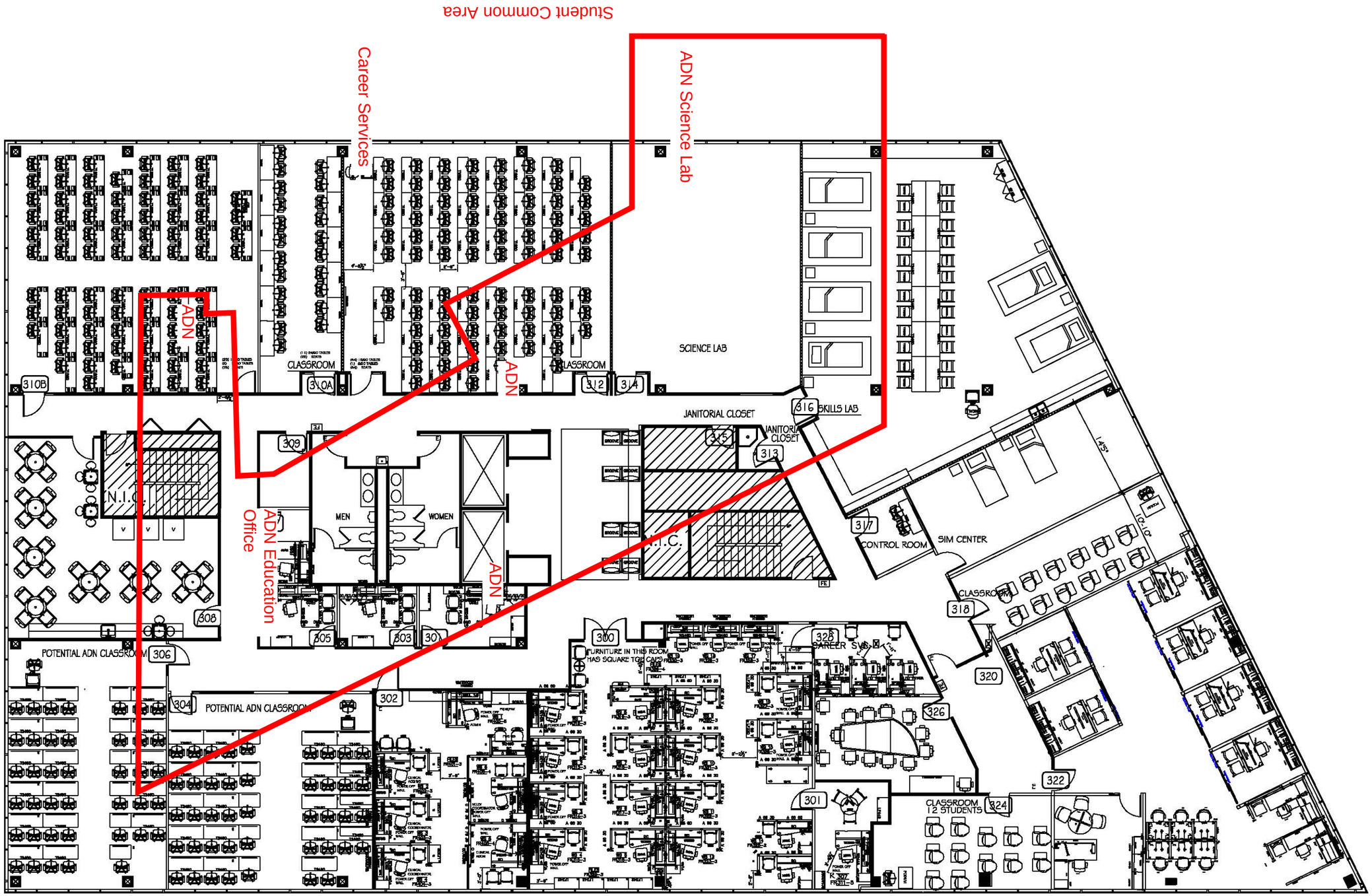
Sincerely,

Ellen M. Lewis, MSN, RN, FAAN
Director of Nursing

ACC - Associate Degree in Nursing - Financial Pro Forma

Revised

	Planning 2013	Year 1 2014	Year 2 2015	Year 3 2016	Year 4 2017	Year 5 2018
Beginning Population, Earning		0	36	139	207	207
Plus: Starts		40	120	120	120	120
Less: Drops		-4	-17	-18	-18	-18
Less: Graduates			0	-34	-102	-102
Ending Student Pop		**36**	**139**	**207**	**207**	**207**
Avg. Student Population		39	99	189	201	201
Avg. Annual Earn Rate		$8,119	$32,475	$32,961	$33,852	$33,852
Tuition Revenue		**$313,925**	**$3,198,788**	**$6,235,200**	**$6,787,275**	**$6,787,275**
Operating Costs						
Inst. & Admin Salary	$70,720	$623,448	$1,866,513	$2,550,277	$2,623,794	$2,699,456
Instructional Non-Salary	51,245	546,797	538,555	582,143	655,244	668,349
Total Instruction	121,965	1,170,245	2,405,068	3,132,420	3,279,038	3,367,805
Contribution Margin	**($121,965)**	**($856,320)**	**$793,720**	**$3,102,780**	**$3,508,237**	**$3,419,470**
Contribution Margin - %		-272.8%	24.8%	49.8%	51.7%	50.4%
Admissions		$34,000	$108,212	$111,458	$114,802	$118,246
Advertising		200,000	254,616	262,254	270,122	278,226
Administration		15,696	159,939	311,760	339,364	339,364
Financial Aid		14,000	44,558	45,895	47,271	48,690
Career Svcs		0	52,530	157,590	162,318	167,187
Student Svcs		12,557	127,952	249,408	271,491	271,491
Facilities		92,494	369,974	381,073	392,505	404,281
Bad Debt		9,418	95,964	187,056	203,618	203,618
Depreciation		70,000	280,000	280,000	280,000	280,000
Misc/Contingency	50,000	0	0	0	0	0
Other Operating Expenses	$50,000	$448,165	$1,493,744	$1,986,494	$2,081,491	$2,111,102
Total Operating Expenses	**$171,965**	**$1,618,410**	**$3,898,812**	**$5,118,914**	**$5,360,529**	**$5,478,907**
Operating Income	**($171,965)**	**($1,304,485)**	**($700,025)**	**$1,116,286**	**$1,426,746**	**$1,308,368**
Administrative Allocation		9,418	95,964	187,056	203,618	203,618
Shared Services Allocation		21,975	223,915	436,464	475,109	475,109
Net Operating Income	**($171,965)**	**($1,335,877)**	**($1,019,903)**	**$492,766**	**$748,018**	**$629,641**
Addback Depreciation		70,000	280,000	280,000	280,000	280,000
Capital Investment Costs						
LHI		1,200,000				
FF&E		800,000				
Total Investment Costs	-	2,000,000	-	-	-	-



ACC/LA
3RD FLOOR

ADN PROGRAM

Date:	11-22-13
Project #:	PROJECT_NO.
Scale:	1/8" = 1'- 0"
Project Start Date	START_DATE
Designer:	C. SMITH
SHEET NO.	Of

tangram.
Santa Fe Springs, CA . 562.365.5000
Santa Ana, CA . 949.955.6700
www.tangraminteriors.com

Student Common Area

Library

ACC LA
2ND FLOOR AS BUILT

4021 ROSEWOOD AVE.
LOS ANGELES, CA

FURNITURE PLAN

Date:	6-12-13
Project #:	
Scale:	NTS
Project Start Date:	
Designer:	NTSYMBLER
SHEET NO.	
	Of

tangram.
Santa Fe Springs, CA . 562.365.5000
Santa Ana, CA . 949.955.6700
www.tangraminteriors.com

Student Common Area

Student Resource Center

Admissions

Financial Aid

LAB TABLES ONLY

TRANSACTION COUNTER 42"H

MEETING ROOM

(60) SEATS
(20) 3480 TABLES

BUILT-INS

6'-6½"

ACC/LA
1 ST FLOOR

4021 ROSEWOOD
LOS ANGELES, CA

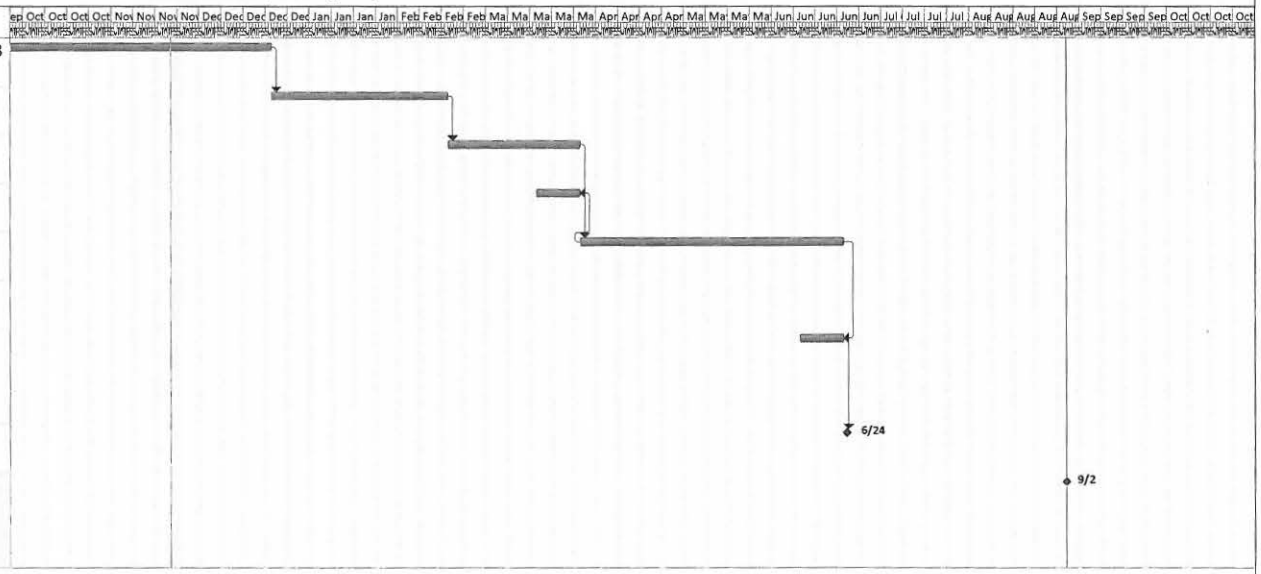
FURNITURE PLAN

Date:	6-12-13
Project #:	
Scale:	NTS
Project Start Date:	
Designer:	NTSYMBLER
SHEET NO.	Of

tangram.
Santa Fe Springs, CA . 562.365.5000
Santa Ana, CA . 949.955.6700
www.tangraminteriors.com

ACC LA ADN Program
4021 Rosewood, Los Angeles, CA 90004

ID	Task Name	Duration	Start	Finish
1	Design & Space Planning	12 wks	Tue 10/1/13	Mon 12/23/13
2	Construction Documents	8 wks	Tue 12/24/13	Mon 2/17/14
3	Building Permit	6 wks	Tue 2/18/14	Mon 3/31/14
4	Equipment Procurement	2 wks	Tue 3/18/14	Tue 4/1/14
5	Construction	12 wks	Tue 4/1/14	Mon 6/23/14
6	Potential Site Visit	1 day	Tue 10/1/13	Tue 10/1/13
7	Facility & Equipment Setup/Install	2 wks	Tue 6/10/14	Mon 6/23/14
8	Completion Date	1 day	Tue 6/24/14	Tue 6/24/14
9	Proposed Student Start Date	1 day	Tue 9/2/14	Tue 9/2/14



Project: ACC LA ADN Program
Date: Fri 11/22/13

Task	Summary	External Milestone	Inactive Summary	Manual Summary Rollup	Finish-only
Split	Project Summary	Inactive Task	Manual Task	Manual Summary	Deadline
Milestone	External Tasks	Inactive Milestone	Duration-only	Start-only	Progress

ACC LA ADN Program **Projected Budget**

Soft Costs		
Architectural		21,000
Engineering		12,000
Permit & Expediting		6,000
Project Management		9,000
	Sub-Total	48,000
Construction		
Construction Renovation		150,000
Construction Science Lab		80,000
Construction Simulation Lab		80,000
	Sub-Total	230,000
Other Costs		
Data Cabling		16,000
Interior Signage		2,500
	Sub-Total	18,500
FF&E		
Furniture		40,000
Security		8,000
AV Equipment		60,000
IT Equipment		24,000
Program Lab Equip Allowance		69,081
Simulation Lab A/V Equipment		75,000
Simulation Lab Equipment		250,000
	Sub-Total	526,081
	Sub-Total	822,581
	8% Contingency	65,806
	Grand Total	888,387

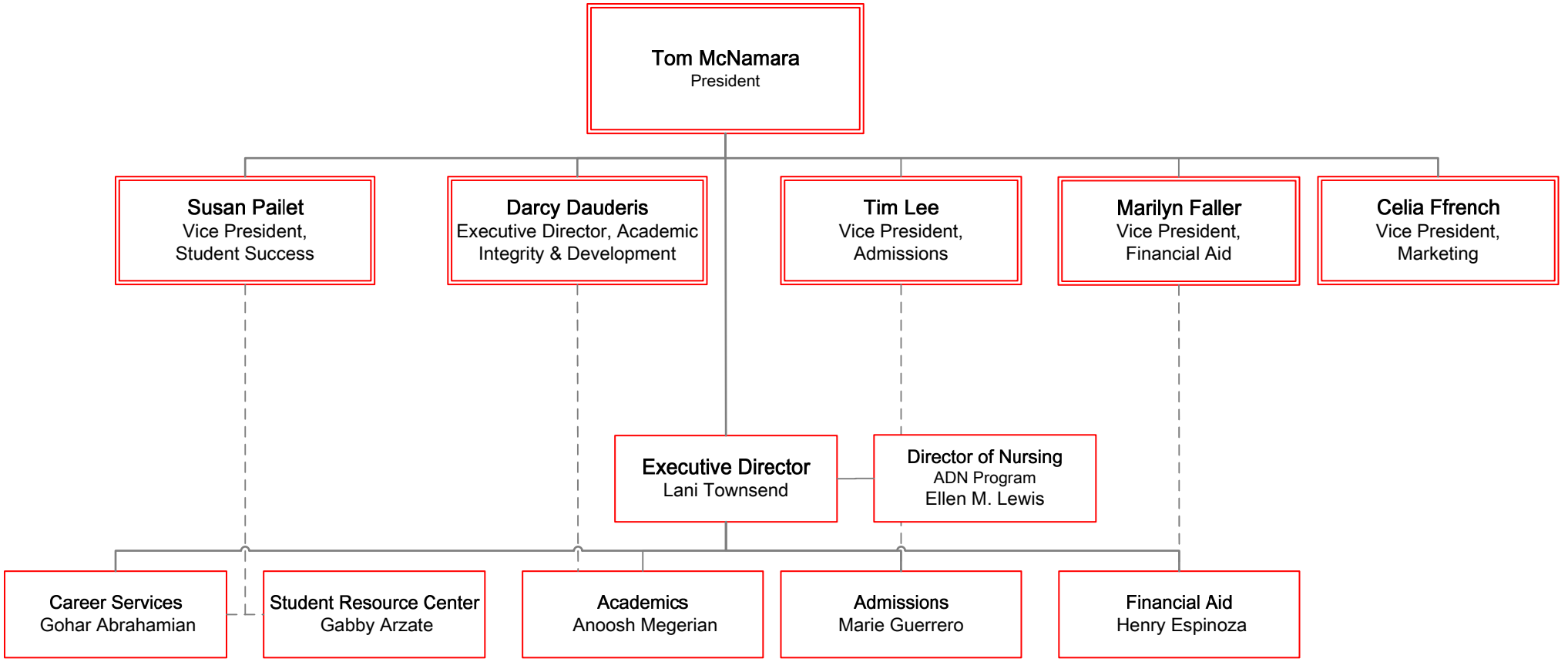
1/1

10022013
Designer: C. SMITH
Salesperson: MWILD
Project No: 394112

FURNITURE LAYOUT

American Career College

Los Angeles



Revised: 10-28-2013

Instructional Non-Salary Expenses

		Unit Cost	2013	2014	2015	2016	2017
Average Student Population			0	39	99	189	201
Ending Faculty, FTE			1	11	29	29	29
Starts			0	80	80	80	80
Graduates			0	0	0	34	102
Curriculum Development and Library			50,000	50,000			
Centralized Clinical Placement Service (CCPS)		2,000		2,000	2,000	2,000	2,000
Dues & Subscriptions	Per faculty per year	400	0	4,400	11,832	12,069	12,310
Promotional Giveaways	Per student (for clinical sites) per year	25	0	967	2,512	4,920	5,319
Program Advisory Committee	3 - 4 mtgs/yr, 10 members each	35	0	1,400	1,428	1,486	1,577
Meeting Costs	Per faculty per month	10	0	1,320	3,550	3,621	3,693
Computer Equipment	in FF&E						
Office Supplies	Per month (doubled first year)	200	0	4,800	2,448	2,547	2,703
Postage	Per student per year	5	0	193	197	205	218
Telephone - Cellular	Per month	60	0	720	734	764	811
Prof. Development (FT)	Per FT/yr	1,600	0	17,600	47,328	48,275	49,240
	Subtotal - Other		**51,245**	**84,645**	**73,661**	**78,055**	**80,585**
Individually listed on Application:							
Books Issued to Students	Per Start	1,500	0	120,000	120,000	120,000	120,000
Student Issued Supplies	Per Start	97	0	7,727	7,727	7,727	7,727
Uniforms Issued to Students	Per Start	118	0	9,413	9,413	9,413	9,413
Classroom Consumables	Per month per student	20	0	773	1,970	3,783	4,010
Laptop/Tablet	Per Start	1,000	0	80,000	80,000	80,000	80,000
Student Certifications/Licenses	Per Start	50	0	4,000	4,000	4,000	4,000
Student Certifications/Licenses	Per Grad	400	0	0	0	13,600	40,800
Student Physicals	Per Start	181	0	14,480	14,480	14,480	14,480
Student Physicals	Per Grad	139	0	0	0	4,712	14,137
Programmatic Test Prep	Per Start	468	0	37,440	37,440	37,440	37,440
Programmatic Test Prep	Per Grad	385	0	0	0	13,090	39,270
Fingerprinting & Background Checks	Per Start	50	0	4,000	4,000	4,000	4,000
Fingerprinting & Background Checks	Per Grad	105	0	0	0	3,570	10,710
Instructional Maintenance	Monthly	1,000	0	12,000	12,000	12,000	12,000
Printing & Reproduction	Per student per year	25	0	967	2,512	4,920	5,319
ATI Program	Per Start	2,100	0	168,000	168,000	168,000	168,000
Turning Point Technology/Online Library	Per Start	42	0	3,352	3,352	3,352	3,352
	Subtotal - Other		**0**	**462,152**	**464,894**	**504,088**	**574,659**
Totals (found on the Pro Forma)			**51,245**	**546,797**	**538,555**	**582,143**	**655,244**

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.6
DATE: February 6, 2014

ACTION REQUESTED: 2012-2013 Annual School Survey Reports (Draft)

REQUESTED BY: Michael Jackson, MSN, RN
Chairperson, Education/Licensing Committee

BACKGROUND:

The BRN 2012-2013 Annual School Survey was conducted from October 1, 2013 to November 15, 2013. The survey was sent to all California pre-licensure nursing programs and was conducted on behalf of the BRN by the Research Center at the University of California, San Francisco. BRN and UCSF staff work each year with nursing program directors representing various prelicensure programs from around the state who review and edit the survey questions if needed. This allows the survey to be a current document that can be used to capture data on new and emerging trends.

The draft of the Annual School Reports includes data on new and continuing student enrollments, graduations, faculty, etc. from California pre-licensure nursing programs. There are two reports; one is a trend report which includes historical data for the past ten years on some of the more significant data and the second includes current year data from most all of the questions asked on the survey.

NEXT STEPS: Finalize and publish reports.

PERSON(S) TO CONTACT: Julie Campbell-Warnock
Research Program Specialist
(916) 574-7681

California Board of Registered Nursing

2012-2013 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

January 28, 2014

Prepared by:
Renae Waneka, MPH
Timothy Bates, MPP
Joanne Spetz, PhD
University of California, San Francisco
3333 California Street, Suite 265
San Francisco, CA 94118

TABLE OF CONTENTS

PREFACE ***3***

DATA SUMMARY – Pre-Licensure Programs ***5***

Newly Enrolled Nursing Students 7

Students who Completed a Nursing Program 11

Faculty Data 15

Nursing Program Data 21

School Data 33

APPENDICES 41

APPENDIX A – List of Survey Respondents by Degree Program 41

APPENDIX B – Definition List 43

APPENDIX C – BRN Education Issues Workgroup Members 46

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PREFACE

Nursing Education Survey Background

Development of the 2012-2013 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Funding for this project was provided by the California Board of Registered Nursing.

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2012 through July 31, 2013. Demographic information and census data were requested for October 15, 2013.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

Availability of Data

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the last ten years of BRN School Surveys will be available for public access on the BRN website. Parties interested in accessing data not available on the website should contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

The BRN acknowledges that survey respondents may not have had ready access to some of the data that were being requested. To address this issue, a member of the Education Issues Workgroup developed a computer program for tracking most of the required data. The computer tracking program was distributed to nursing programs in the fall of 2006. Nursing programs that do not have this program may contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

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Value of the Survey

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Issues Workgroup and all survey respondents. Your participation has been vital to the success of this project.

Survey Participation[1]

All California nursing schools were invited to participate in the survey. In 2012-2013, 133 nursing schools offering 143 pre-licensure programs approved by the BRN to enroll students responded to the survey. A list of the participating nursing schools is provided in the Appendix.

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	81	81	100%
LVN to ADN	7	7	100%
BSN	40	40	100%
ELM	15	15	100%
Total Programs	143	143	100%

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[1] In this 2013 report there are 133 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=143) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2012-2013 survey, 130 nursing schools reported data for 143 pre-licensure programs at 161 different locations.

DATA SUMMARY – Pre-Licensure Programs

Number of California Nursing Programs[2]

- 61.5% of California pre-licensure nursing programs that reported data are ADN programs.

Table 2. Number of California RN Programs

Program Type	#	%
ADN	81	56.6%
LVN to ADN	7	4.9%
BSN	40	28.0%
ELM	15	10.5%
Total	143	100%

Applications to California Nursing Programs

- 42.3% of the 35,041 qualified applications to pre-licensure nursing education programs received in 2012-2013 were accepted. Since these data represent applications – and an individual can apply to multiple nursing programs – the number of applications is presumably greater than the number of individuals applying for admission to nursing programs in California.
- ADN programs had the highest percentage of qualified applications *not* accepted

Table 3. Applications for Admission by Program Type

	Program Type				
Applications*	ADN	LVN to ADN	BSN	ELM	Total
Total Received	28,096	591	22,396	4,217	55,300
Screened	25,711	591	18,439	3,566	48,307
Qualified	19,568	411	12,476	2,586	35,041
Accepted	7,247	302	6,017	1,247	14,813
% Qualified Applications Accepted	37.0%	73.5%	48.2%	48.2%	42.3%

*Since the data represent applications and not individual applicants, the number of applications is presumably greater than the number of individuals applying to nursing school.

[2] In this 2013 report there are 133 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=143) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2012-2013 survey, 133 nursing schools reported data for 143 pre-licensure programs at 161 different locations.

Number of Students who Enrolled in California Nursing Programs

- Of the total number of applications accepted to RN programs, an average of 89.0% of students enrolled. ELM programs had the lowest share of students enroll into programs for which they were accepted (68.2%), while all applications accepted to LVN to ADN programs enrolled in those programs.
- As in recent years pre-licensure nursing programs enrolled more students in 2012-2013, overall, than the number of admission spaces that were available.
- 42.7% (n=61) of pre-licensure programs reported that they filled more admission spaces than were available.
- The most frequently reported reason for over enrolling was to account for attrition.

Table 4. Availability of and Enrollment in Admission Spaces

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Share of Accepted Applications that Enrolled					
Applications Accepted	7,247	302	6,017	1,247	14,813
New Student Enrollments	6,844	302	5,185	850	13,181
% Accepted Applications that Enrolled	94.4%	100.0%	86.2%	68.2%	89.0%
Share of Admission Spaces Filled with New Student Enrollments					
Spaces Available	6,186	348	5,379	826	12,739
New Student Enrollments	6,844	302	5,185	850	13,181
% Spaced Filled with New Students Enrollments	110.6%	86.8%	96.4%	102.9%	103.5%

Nursing Student Admission Spaces Supported by Donor Partners and Grants

- 14.1% of admission spaces (n=1,789) to pre-licensure nursing programs were supported by either donor partners or grants.
- In general, grant funding plays a bigger role in supporting admission space compared with donor support, particularly in ADN programs. In 2012-2013, 23.8% (n=1,474) of total admission spaces in generic ADN programs were supported by either donor partners or grants, but 90.0% of these 1,474 supported spaces were the result of grant funding.

Table 5. Donor Partner and Grant Support for Admission Spaces

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Spaces Available	6,186	348	5,379	826	12,739
% Supported by Donor Partners	2.4%	0.0%	1.5%	1.2%	1.9%
% Supported by Grants	21.4%	0.7%	3.2%	1.2%	12.2%

Newly Enrolled Nursing Students

Ethnic Distribution of Newly Enrolled Nursing Students

- 61.2% of students who enrolled in a pre-licensure nursing program for the first time were ethnic minorities.
- ELM programs had the highest percentage of ethnic minorities (63.5%) as newly enrolled nursing students.

Table 6. Ethnic Distribution of Newly Enrolled Nursing Students

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Race/Ethnicity	%	%	%	%	%
Native American	0.7%	0.3%	1.0%	0.9%	0.8%
Asian	12.8%	6.5%	19.8%	22.7%	15.9%
Asian Indian	1.6%	10.6%	4.7%	0.4%	2.9%
Filipino	8.9%	16.7%	8.2%	2.7%	8.4%
Hawaiian/Pacific Islander	1.2%	5.1%	2.6%	1.2%	1.9%
African American	5.7%	3.1%	3.7%	16.0%	5.6%
Hispanic	23.6%	14.0%	18.1%	12.8%	20.6%
Multi-race	2.8%	2.0%	2.9%	5.9%	3.0%
Other	2.9%	3.1%	1.2%	1.0%	2.2%
White	39.7%	38.6%	37.9%	36.5%	38.8%
Total	6,491	293	4,620	814	12,218
Ethnic Minorities*	60.3%	61.4%	62.1%	63.5%	61.2%
# Unknown/ unreported	353	9	565	36	963

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.

Gender Distribution of Newly Enrolled Nursing Students

- 19.9% of students who enrolled in a pre-licensure program for the first time were male.
- Generic ADN and BSN programs have greater shares of men enrolling in their programs for the first time than LVN to ADN or ELM programs.

Table 7. Gender Distribution of Newly Enrolled Nursing Students

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Gender	%	%	%	%	%
Male	20.4%	15.6%	20.1%	16.0%	19.9%
Female	79.6%	84.4%	79.9%	84.0%	80.1%
Total	6,680	302	5,163	850	12,995
# Unknown/ unreported	164	0	22	0	186

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Age Distribution of Newly Enrolled Nursing Students

- 67.5% of students who enrolled in a pre-licensure nursing program were younger than 31 years of age when starting the program.

Table 8. Age Distribution of Newly Enrolled Nursing Students

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Age Group	%	%	%	%	%
17 – 20 years	2.9%	0.0%	14.0%	0.0%	7.1%
21 – 25 years	27.0%	13.6%	47.8%	31.0%	35.2%
26 – 30 years	27.7%	31.5%	20.0%	36.3%	25.3%
31 – 40 years	28.2%	31.5%	13.3%	22.6%	22.0%
41 – 50 years	11.6%	18.2%	4.0%	9.7%	8.6%
51 – 60 years	2.5%	4.3%	0.7%	0.3%	1.7%
61 years and older	0.1%	1.0%	0.0%	0.1%	0.1%
Total	6,501	302	4,991	793	12,587
# Unknown/ unreported	343	0	194	57	594

Newly Enrolled Students by Degree Type

- The majority (51.9%) of students who enrolled in a pre-licensure nursing program for the first time continue to be generic ADN students.

Table 9. Newly Enrolled Students by Degree Type

Program Type	% Enrollment
ADN	51.9%
LVN to ADN	2.3%
BSN	39.3%
ELM	6.4%
Total	13,181

Newly Enrolled Students by Program Track

- 76.1% of all newly enrolled nursing students are in the generic program track.
- 23.8% of BSN students are enrolled in an accelerated track.

Table 10. Newly Enrolled Students by Program Track

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Program Track	%	%	%	%	%
Generic	84.5%	0.0%	65.6%	100.0%	76.1%
Advanced Placement	13.8%	100.0%	7.1%	0.0%	12.2%
Transfer	0.8%	0.0%	3.5%	0.0%	1.8%
30-Unit Option	0.3%	0.0%	0.0%	0.0%	0.1%
Accelerated	0.7%	0.0%	23.8%	0.0%	9.7%
Total	6,844	302	5,185	850	13,181

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Currently Enrolled Nursing Students

Nursing Student Census Data

- On October 15, 2013, a total of 26,331 nursing students were enrolled in a California nursing program that leads to RN licensure.
- BSN programs had the greatest share of students enrolled, at 47.3% of all nursing students enrolled on October 15, 2013.

Table 11. Nursing Student Census Data

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Total Nursing Students	11,768	302	12,453	1,808	26,331

Ethnic Distribution of Nursing Student Census Data

- Overall, 60.8% of students enrolled in a pre-licensure nursing program as of October 15, 2013 represented an ethnic minority group.
- The share of ethnic minority nursing students was greatest at the ELM level (67.6% of all students enrolled in an ELM program).

Table 12. Ethnic Distribution of Nursing Student Census Data

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Race/Ethnicity	%	%	%	%	%
Native American	0.8%	0.0%	0.6%	1.0%	0.8%
Asian	13.1%	12.4%	24.4%	23.8%	19.0%
Asian Indian	1.1%	9.7%	1.1%	0.5%	1.1%
Filipino	8.4%	13.9%	8.5%	2.2%	8.1%
Hawaiian/Pacific Islander	1.3%	0.0%	1.9%	9.4%	2.2%
African American	5.4%	2.6%	3.5%	10.0%	4.9%
Hispanic	23.3%	15.0%	18.1%	12.9%	20.1%
Multi-race	2.5%	3.7%	2.9%	7.1%	3.0%
Other	2.4%	3.0%	1.2%	0.7%	1.8%
White	41.6%	39.7%	37.8%	32.4%	39.2%
Total	11,210	267	10,962	1,748	24,187
Ethnic Minorities*	58.4%	60.3%	62.2%	67.6%	60.8%
# Unknown/ unreported	558	35	1,491	60	2,144

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.

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Gender Distribution of Nursing Student Census Data

- Men represented 19.2% of all students enrolled in a pre-licensure nursing program as of October 15, 2013.
- LVN to ADN and ELM programs had a below average percentage of men among enrolled pre-licensure nursing students.

Table 13. Gender Distribution of Nursing Student Census Data

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Gender	%	%	%	%	%
Male	19.6%	15.5%	19.2%	17.3%	19.2%
Female	80.4%	84.5%	80.8%	82.7%	80.8%
Total	11,663	278	12,426	1,801	26,168
# Unknown/ unreported	105	24	27	7	163

Age Distribution of Nursing Student Census Data

- 68.7% of students enrolled in a pre-licensure nursing program as of October 15, 2013 were younger than 31 years old.

Table 14. Age Distribution of Nursing Student Census Data

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Age Group	%	%	%	%	%
17 – 20 years	1.6%	0.0%	14.9%	0.1%	7.7%
21 – 25 years	26.3%	17.3%	48.3%	23.9%	36.5%
26 – 30 years	28.1%	30.9%	19.3%	36.2%	24.5%
31 – 40 years	29.6%	33.8%	12.8%	24.8%	21.4%
41 – 50 years	11.4%	14.7%	3.9%	11.7%	7.9%
51 – 60 years	2.8%	2.9%	0.7%	3.1%	1.8%
61 years and older	0.2%	0.4%	0.0%	0.2%	0.1%
Total	11,393	278	12,041	1,749	25,461
# Unknown/ unreported	375	24	412	59	870

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Students who Completed a Nursing Program

Ethnic Distribution of Students who Completed a Nursing Program in California

- Overall, 57.9% of students who completed a pre-licensure nursing program were ethnic minorities.
- LVN to ADN programs continue to have the greatest share of ethnic minorities (59.8%) among students who completed a nursing program.

Table 15. Ethnic Distribution of Students who Completed a Nursing Program in California

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Race/Ethnicity	%	%	%	%	%
Native American	0.9%	0.4%	0.5%	0.7%	0.7%
Asian	13.1%	8.8%	21.1%	23.1%	16.6%
Asian Indian	1.3%	9.2%	2.7%	0.7%	1.9%
Filipino	8.9%	19.1%	11.1%	4.1%	9.6%
Hawaiian/Pacific Islander	1.1%	0.4%	1.1%	1.9%	1.1%
African American	5.6%	3.2%	4.5%	9.6%	5.4%
Hispanic	21.6%	13.9%	14.0%	13.7%	18.1%
Multi-race	1.8%	2.0%	2.9%	3.1%	2.3%
Other	2.9%	2.8%	1.1%	0.3%	2.1%
White	42.7%	40.2%	41.1%	42.9%	42.1%
Total	5,702	251	3,879	737	10,569
Ethnic Minorities	57.3%	59.8%	58.9%	57.1%	57.9%
# Unknown/ unreported	208	3	485	27	723

*Ethnic minorities include all reported non-White racial and ethnic groups, including “Other” and “Multi-race”.

Gender Distribution of Students who Completed a Nursing Program

- 17.9% of all students who completed a pre-licensure nursing program were male.
- A greater share of males completed ADN programs compared to other pre-licensure programs.

Table 16. Gender Distribution of Students who Completed a Nursing Program

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Gender	%	%	%	%	%
Male	18.7%	18.9%	17.4%	14.4%	17.9%
Female	81.3%	81.1%	82.6%	85.6%	82.1%
Total	5,860	254	4,357	757	11,228
# Unknown/ unreported	50	0	7	7	64

Age Distribution of Students who Completed a Nursing Program

- 63.2% of students who completed a pre-licensure nursing program in 2012-2013 were younger than 31 years of age when they completed the program.
- The largest share of students who were at least 41 years of age completed an LVN to ADN (18%), or an ADN program (16%).
- About half of the students who completed a BSN program were younger than 26 years of age, compared to 30% of students in all programs.

Table 17. Age Distribution of Students who Completed a Nursing Program

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Age Group	%	%	%	%	%
17 – 20 years	0.8%	0.0%	4.6%	0.0%	2.2%
21 – 25 years	20.7%	14.2%	46.3%	23.6%	30.5%
26 – 30 years	31.9%	34.6%	25.7%	45.1%	30.5%
31 – 40 years	30.8%	33.5%	17.1%	23.2%	25.1%
41 – 50 years	12.5%	15.0%	5.3%	6.6%	9.4%
51 – 60 years	3.3%	2.8%	1.0%	1.3%	2.2%
61 years and older	0.1%	0.0%	0.1%	0.1%	0.1%
Total	5,824	254	4,183	758	11,019
# Unknown/ unreported	86	0	181	6	273

Student Completions by Degree Type

- ADN programs are the largest segment of pre-licensure nursing programs and ADN graduates represented 52.3% of all students who completed a pre-licensure nursing program in 2012-2013.

Table 18. Student Completions by Degree Type

Program Type	%
ADN	52.3%
LVN to ADN	2.2%
BSN	38.6%
ELM	6.8%
Total	11,292

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Student Completions by Program Track

- 77.4% of nursing students completed nursing programs in the generic program track.
- BSN programs had the highest share of students (17.3%) complete the program in an accelerated track.
- ADN programs had the highest share of advanced placement and readmitted students.

Table 19. Student Completions by Program Track

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Program Track	%	%	%	%	%
Generic	79.9%	0.0%	75.5%	99.9%	77.4%
Advanced Placement	13.2%	99.2%	4.4%	0.0%	11.0%
Transfer	0.8%	0.0%	2.3%	0.1%	1.3%
30-Unit Option	0.4%	0.0%	0.0%	0.0%	0.2%
Readmitted	5.6%	0.8%	0.4%	0.0%	3.2%
Accelerated	0.0%	0.0%	17.3%	0.0%	6.8%
Total	5,910	254	4,364	764	11,292

Completion, Retention and Attrition Data

- The overall attrition rate for pre-licensure nursing education programs in California was 12.3% in 2012-2013.

Table 20. Completion, Retention and Attrition Data

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Students Scheduled to Complete the Program	7,111	296	3,412	760	11,579
Completed On-time	5,561	256	2,887	685	9,389
Still Enrolled	533	17	174	38	762
Dropped Out	1,017	23	351	37	1,428
Completed Late	374	6	186	7	573
Retention Rate*	78.2%	86.5%	84.6%	90.1%	81.1%
Attrition Rate**	14.3%	7.8%	10.3%	4.9%	12.3%

*Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)
**Attrition rate = (students who dropped or were disqualified who were scheduled to complete) / (students scheduled to complete the program)

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- The attrition rate for accelerated tracks within nursing programs was 9.4% in 2012-2013.
- Accelerated BSN programs had a comparatively low attrition rate at 8.7%.

Table 21. Completion, Retention and Attrition Data for Accelerated Programs

	Program Type†		
	ADN	BSN	Total
Students Scheduled to Complete the Program	51	984	1,035
Completed On-time	38	837	875
Still Enrolled	2	61	63
Dropped Out	11	86	97
Completed Late	4	41	45
Retention Rate*	74.5%	85.1%	84.5%
Attrition Rate**	21.6%	8.7%	9.4%

*Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)
**Attrition rate = (students who dropped or were disqualified who were scheduled to complete) / (students scheduled to complete the program
†LVN to ADN and ELM programs are excluded because (1) none of these programs reported attrition data for the accelerated track and (2) they are considered accelerated by definition.

Employment of Recent Nursing Program Graduates[3]

- On average, 57% of recent RN graduates employed in nursing in October 2013 were working in hospitals.
- Graduates of ADN programs were the least likely to work in hospitals (50%), while graduates of BSN and ELM programs were the most likely (66%).
- Statewide, 18% of nursing students were unable to find employment by October 2013, with ADN and BSN programs reporting the highest share of recent graduates (20%) unable to find employment.
- Nursing schools reported that 63.7% of their recent RN graduates employed in nursing, were employed in California.

Table 22. Employment of Recent Nursing Program Graduates

	ADN	LVN to ADN	BSN	ELM	Total
Employment Location	%	%	%	%	%
Hospital	49.9%	56.0%	65.6%	65.5%	56.7%
Long-term care facility	10.5%	17.9%	4.5%	1.2%	7.9%
Community/Public Health Facility	3.9%	4.7%	3.1%	3.3%	3.6%
Other Healthcare Facility	5.2%	4.0%	3.6%	5.4%	4.7%
Pursuing additional nursing education	8.7%	7.2%	1.8%	12.9%	7.1%
Other setting	1.7%	0.0%	2.0%	1.4%	1.7%
Unable to find employment	20.1%	10.1%	19.5%	10.2%	18.3%

[3] Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2012-2013, on average, the employment setting was unknown for 22% of recent graduates.

Faculty Data

Analysis of faculty data by degree type is not available because the faculty data are reported by school, not by degree type.

Full-time and Part-time Faculty Data

- On October 15, 2013, there were 4,180 nursing faculty[4]. The majority are part-time faculty (63%, n=2,653).
- The faculty vacancy rate in pre-licensure nursing programs is 6.1% (271 vacant positions).

Table 23. Total Faculty and Faculty Vacancies

	# of Faculty*	# of Vacancies	Vacancy Rate
Total Faculty	4,180	271	6.1%
Full-time Faculty	1,524	156	9.3%
Part-time Faculty	2,653	115	4.2%

*The sum of full- and part-time faculty did not equal the total faculty reported.

- Nearly all full-time and most part-time faculty are budgeted positions funded by the school's general fund. However, a greater share of part-time faculty is paid with external funding.

Table 24. Funding of Faculty Positions

Funding of Faculty Positions*	% Full-time Faculty	% Part-time Faculty
Budgeted positions	94.9%	80.9%
100% external funding	2.2%	13.3%
Combination of the above	2.6%	4.3%
Total Faculty	1,524	2,653

- The majority of full-time faculty (78.0%) teach both clinical and didactic courses, while the majority of part-time faculty (79.6%) teach clinical courses only.

Table 25. Faculty Teaching Assignments

Teaching Assignment	% Full-time Faculty	% Part-time Faculty
Clinical courses only	8.3%	79.6%
Didactic courses only	13.3%	8.9%
Clinical & didactic courses	78.0%	10.5%
Total Faculty	1,524	2,653

[4] Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in nursing schools in the region.

Faculty for Next Year

- 37.1% of schools reported that their externally funded positions will continue to be funded for the 2013-2014 academic year. If these positions are not funded, schools reported that they would be able to enroll a total of 9,937 students across all pre-licensure RN programs in 2013-2014.

Table 26. External Funding for Faculty Next Year

External Funding for Faculty Next Year	% Schools
Will continue	37.1%
Will not continue	5.3%
Unknown	10.6%
Not applicable	47.0%
Number of schools reporting	132

Faculty Demographic Data

- Nursing faculty remain predominately white (64.5%) and female (88.8%).

Table 27. Faculty Ethnicity

Race/Ethnicity	% Faculty
Native American	0.4%
Asian	6.4%
Asian Indian	0.8%
Filipino	6.8%
Hawaiian/Pacific Islander	0.9%
African American	8.9%
Hispanic	9.2%
Multi-race	1.1%
Other	1.0%
White	64.5%
Number of faculty	3,778
Ethnic Minorities*	35.5%
Unknown/unreported	402

*Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multi-race".

Table 28. Faculty Gender

Gender	% Faculty
Men	11.2%
Women	88.8%
Number of faculty	4,058
Unknown/unreported	122

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- 25% of faculty are between 41 and 50 years of age.

Table 29. Faculty Age

Age Group	% Faculty
30 years or younger	4.7%
31 – 40 years	17.1%
41 – 50 years	24.6%
51 – 55 years	19.4%
56 – 60 years	17.5%
61 – 65 years	11.0%
66 – 70 years	4.1%
71 years and older	1.6%
Number of faculty	3,766
Unknown/unreported	414

Education

- On October 15, 2013, almost all full-time faculty (97.7%) held a master's or doctoral degree, while only 60.7% of part-time faculty held either of those degrees.
- 9.6% of all active faculty (n=403) were reported as pursuing an advanced degree as of October 15, 2013.

Table 30. Highest Level of Education of Faculty

Highest Degree Held	% Full-time Faculty	% Part-time Faculty
Associate degree in nursing (ADN)	0.3%	7.7%
Baccalaureate degree in nursing (BSN)	2.0%	31.2%
Non-nursing baccalaureate	0.0%	0.4%
Masters degree in nursing (MSN)	65.1%	52.5%
Non-nursing masters	2.8%	2.8%
PhD in nursing	15.4%	2.0%
Doctorate of Nursing Practice (DNP)	4.9%	1.1%
Other doctorate in nursing	3.0%	0.3%
Non-nursing doctorate	6.5%	2.0%
Number of faculty	1,517	2,606
Unknown/unreported	7	47

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Methods Used to Prepare Part-time Faculty to Teach

- Faculty orientations and program policies were the most frequently reported methods used to prepare part-time faculty to teach.
- Mentoring programs, administrative policies and specific orientation programs were also frequently reported methods.

Table 31. Methods Used to Prepare Part-time Faculty to Teach

Methods	% Schools
Faculty orientation	90.7%
Program policies	82.9%
Mentoring program	76.7%
Administrative policies	75.2%
Specific orientation program	72.1%
Curriculum review	63.6%
Teaching strategies	62.8%
External training program	17.1%
Other	11.6%
None	0.8%
Number of schools that reported	129

Faculty Attrition

- 103 schools reported a total of 147 full-time and 242 part-time faculty members as having retired or left the program in 2012-2013.
- Programs reported an additional 139 faculty members are expected to retire or leave the school in 2013-2014.
- The most frequently cited reason for having a faculty member leave the program in 2012-2013 was retirement.

Table 32. Reasons Faculty Leave Their Positions

Reason for Faculty Leaving	% Schools
Retirement	49.5%
Resigned	22.6%
Career advancement	11.8%
Termination (or requested resignation)	26.9%
Relocation of spouse or other family obligation	14.0%
Return to clinical practice	16.1%
Salary/Benefits	9.7%
Workload	3.2%
Layoffs (for budgetary reasons)	0.0%
Other	17.2%
Number of schools that reported	93
Number of schools that gave no reason	10

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Faculty Hiring

- 111 schools reported hiring a total of 611 faculty members (163 full-time and 448 part-time) between August 1, 2012 and July 31, 2013.
- 40.1% (n=245) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.
- The majority of schools (69%) that hired a faculty person in the last year reported that their newly hired faculty had prior experience as a nurse educator in a clinical setting, and 67% had experience teaching at another nursing school.
- 40% of schools that hired a new faculty member last year reported that the new hire had no previous teaching experience.
- 18 schools reported they were under a hiring freeze for active faculty at some point between August 1, 2012 and July 31, 2013, and 50% of these schools reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.

Table 33. Characteristics of Newly Hired Faculty

Characteristics of Newly Hired Faculty	% Schools
Experience teaching as a nurse educator in a clinical setting	68.8%
Experience teaching at another nursing school	67.0%
Completed a graduate degree program in last two years	56.0%
Experience student teaching while in graduate school	46.8%
No teaching experience	40.4%
Experience teaching in a setting outside of nursing	18.3%
Number of schools that reported	109

- The most frequently reported reason for hiring faculty was to replace faculty that had retired or left the program (79%).
- Less than one-quarter (19%) of the schools that hired faculty reported that the hiring was due to program expansion.

Table 34. Reasons for Hiring Faculty

Reasons for Hiring Faculty	% Schools
To replace faculty that retired or left the program	79.1%
To fill longstanding faculty vacancies (positions vacant for more than one year)	32.7%
To reduce faculty workload	22.7%
Due to program expansion	19.1%
Number of schools that reported	110

Barriers to Recruiting Faculty

- Non-competitive salaries and an insufficient number of faculty applicants with the required credentials were the most frequently reported barriers to faculty recruitment.
- About one-third of schools reported that the workload responsibilities of being faculty were a barrier to recruitment.
- Only 18% of schools felt that an overall RN shortage was a barrier to recruiting faculty.

Table 35. Barriers to Recruiting Faculty

Barriers to Recruiting Faculty	% Schools
Non-competitive salaries	75.2%
Insufficient number of faculty applicants with required credentials	73.6%
Workload (not wanting faculty responsibilities)	33.3%
BRN rules and regulations	28.7%
Overall shortage of RNs	17.8%
Private, state university or community college laws, rules or policies	17.1%
Other	7.0%
No barriers	9.3%
Number of schools that reported	129

Difficult to Hire Clinical Areas

- Pediatrics (54%) and Psych/Mental Health (44%) were the clinical areas in which schools had the most difficulty recruiting new faculty.
- 16% of schools reported they had no difficulty recruiting faculty for any clinical specialty area.

Table 36. Difficult to Hire Clinical Areas

Clinical Areas	% Schools
Pediatrics	53.5%
Psych/Mental Health	44.2%
Obstetrics/Gynecology	34.9%
Medical-surgical	34.1%
Geriatrics	16.3%
Critical Care	13.2%
Community Health	8.5%
Other	0.8%
No clinical areas	16.3%
Number of schools that reported	129

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Faculty Salaries

- On average, full-time faculty with doctoral degrees earn more than those with master's degrees.
- 71% of schools pay masters-prepared faculty on an academic calendar, and 72% of schools pay doctoral-prepared faculty on an academic calendar.

Table 37. Faculty Salaries

Adjusted Annual Salary* Paid for Full-Time Faculty by Degree Type						
Highest Degree Held by Faculty Member	Lowest $/ year			Highest $/ year		
	Low	Average	High	Low	Average	High
Master's Degree	$38,664	$76,407	$114,000	$50,000	$101,283	$180,000
Doctoral Degree	$41,496	$89,951	$141,333	$50,000	$116,772	$202,298

*Salary data were collected differently in 2012-2013 to better account and adjust for faculty paid over 9, 10 and 12 month periods. Therefore, these data may not be directly comparable with previous years.

Nursing Program Data

Program Offerings

- Overall, most nursing programs (90%, n=124) offered a traditional nursing program in 2012-2013
- Accelerated and extended education programs were the most commonly reported non-traditional programs offered at nursing schools.
- One of the 20 programs that reported an accelerated track offers it via distance education.

Table 38. Program Offerings

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Program Offerings	%	%	%	%	%
Traditional Program	98.8%	100.0%	78.9%	58.3%	89.9%
Accelerated Track	3.7%	0.0%	31.6%	41.7%	14.5%
Extended Campus	4.9%	0.0%	10.5%	8.3%	6.5%
Weekend Program	6.2%	0.0%	2.6%	8.3%	5.1%
Evening Program	7.4%	0.0%	2.6%	0.0%	5.1%
Collaborative/Shared Education	3.7%	14.3%	2.6%	0.0%	3.6%
Distance Education	1.2%	0.0%	7.9%	0.0%	2.9%
Part-time Program	0.0%	0.0%	2.6%	8.3%	1.4%
Contract Education	1.2%	0.0%	0.0%	0.0%	0.7%
Other	1.2%	0.0%	5.3%	8.3%	2.9%
Number of programs that reported	81	7	38	12	138

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Frequency of Student Admission

- Although most nursing programs admit students twice per year, LVN to ADN and ELM programs typically admit students once per year.

Table 39. Frequency of Student Admission

Frequency of Student Admission	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Once per year	29.6%	71.4%	39.5%	100%	36.4%
Twice per year	65.4%	0%	39.5%	0%	52.7%
Three times per year	5.0%	28.6%	7.9%	0%	7.0%
Other	0%	0%	13.2%	0%	3.9%
Number of programs that reported	81	7	38	3	129

Admission Criteria

- Overall, completion of prerequisite courses, minimum/cumulative grade point average (GPA), and minimum grade level in prerequisite courses were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.
- Score on a pre-enrollment exam was also an important criterion for ADN, LVN to ADN, and BSN programs.
- A personal statement from the applicant was a factor in admission for many BSN and ELM programs.

Table 40. Admission Criteria

Admission Criteria	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Completion of prerequisite courses	80.2%	85.7%	78.9%	93.3%	81.6%
Minimum/Cumulative GPA	70.4%	100.0%	86.8%	93.3%	78.7%
Minimum grade level in prerequisite courses	65.4%	85.7%	78.9%	80.0%	71.6%
Score on pre-enrollment exam	66.7%	85.7%	73.7%	40.0%	66.7%
Validated prerequisites	64.2%	100.0%	0.0%	0.0%	41.8%
Repetition of prerequisite science courses	48.1%	57.1%	36.8%	13.3%	41.8%
Health-related work/volunteer experience	28.4%	28.6%	47.4%	46.7%	35.5%
Recent completion of prerequisite courses	28.4%	42.9%	21.1%	33.3%	27.7%
Personal statement	9.9%	14.3%	42.1%	73.3%	25.5%
Other	8.6%	42.9%	34.2%	53.3%	22.0%
Community Colleges' Nursing Prerequisite Validation Study Composite Score	34.6%	14.3%	0.0%	0.0%	20.6%
Criteria as defined in California Assembly Bill 1559	33.3%	14.3%	0.0%	0.0%	19.9%
Geographic location	1.2%	0.0%	18.4%	6.7%	6.4%
None	0.0%	0.0%	0.0%	6.7%	0.7%
Number of programs that reported	81	7	38	15	141

Selection Process for Qualified Applications

- Overall, ranking by specific criteria was the most common method for selecting students for admission to nursing programs.
- In generic ADN programs, random selection was nearly as common a method of selecting students for admission.
- ELM programs frequently reported using the interview as a selection criterion, and ELM programs were more likely than other programs to consider an applicant's goal statement.

Table 41. Selection Process for Qualified Applications

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Selection Criteria	%	%	%	%	%
Ranking by specific criteria	43.8%	57.1%	84.2%	86.7%	60.0%
Random selection	41.3%	28.6%	0.0%	0.0%	25.0%
Interviews	6.3%	0.0%	26.3%	66.7%	17.9%
Goal statement	2.5%	0.0%	21.1%	46.7%	12.1%
First come, first served from the waiting list	15.0%	14.3%	2.6%	0.0%	10.0%
Modified random selection	15.0%	14.3%	0.0%	0.0%	9.3%
Rolling admissions (based on application date for the quarter/semester)	2.5%	0.0%	7.9%	6.7%	4.3%
Other	7.5%	28.6%	15.8%	46.7%	15.0%
Number of programs that reported	80	7	38	15	140

Waiting List

- 32 programs reported having students on waiting list. Of these programs, 66% keep students on the waiting list until they are admitted and 28% keep students on the waiting list until the subsequent application cycle is complete and all spaces are filled.
- 4,872 applicants[5] to pre-licensure nursing programs were placed on a waiting list in 2012-2013. It took an average of 3.3 quarters/semesters for a student to enroll after being placed on the waiting list.

Table 42. Waiting Lists

	Program Type				
Waiting Lists	ADN	LVN to ADN	BSN	ELM	Total
Qualified applicants on a waiting list	4,655	57	143	17	4,872
Average number of quarters/semesters to enroll after being placed on the waiting list	3.3	2.0	3.0	NA	3.3

[5] Since applicants can apply to multiple nursing programs within the same application cycle, some applicants may be placed on multiple waiting lists. Therefore, the number of applicants on waiting lists may not represent an equal number of individuals.

Capacity of Program Expansion

- Overall, nursing programs expect their new student enrollment to increase slightly next year and then remain at that level in 2014-2015.
- Over the next two years, ADN programs expect to see slight declines in enrollment, while all other programs expect to see some enrollment growth.

Table 43. Capacity of Program Expansion

Current and Projected New Student Enrollment	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
2012-2013 new student enrollment	6,844	302	5,185	850	13,181
Expected new student enrollment given current resources					
2013-2014	6,677	320	5,456	889	13,342
2014-2015	6,576	402	5,500	869	13,347

Barriers to Program Expansion

- The principal barrier to program expansion for all program types remains an insufficient number of clinical sites (reported by 72% of all programs).
- Non-competitive faculty salaries was also a frequently reported barrier to expansion.
- Of the 140 programs that responded, four programs reported no barriers to expansion.

Table 44. Barriers to Program Expansion

Barriers to Program Expansion	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Insufficient number of clinical sites	76.5%	42.9%	71.1%	64.3%	72.1%
Faculty salaries not competitive	60.5%	71.4%	42.1%	21.4%	52.1%
Insufficient funding for faculty salaries	45.7%	42.9%	50.0%	28.6%	45.0%
Insufficient number of qualified clinical faculty	50.6%	42.9%	28.9%	28.6%	42.1%
Insufficient number of qualified classroom faculty	49.4%	57.1%	28.9%	21.4%	41.4%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	33.3%	28.6%	26.3%	21.4%	30.0%
Insufficient number of physical facilities and space for classrooms	27.2%	0.0%	39.5%	28.6%	29.3%
Insufficient number of physical facilities and space for skills labs	19.8%	0.0%	28.9%	28.6%	22.1%
Insufficient number of allocated spaces for the nursing program	13.6%	28.6%	21.1%	7.1%	15.7%
Insufficient financial support for students	11.1%	28.6%	13.2%	21.4%	13.6%
Insufficient support for nursing school by college or university	8.6%	0.0%	7.9%	28.6%	10.0%
Other	13.6%	0.0%	13.2%	0.0%	11.4%
No barriers to program expansion	3.7%	0.0%	0.0%	7.1%	2.9%
Number of programs that reported	81	7	38	14	140

Program Expansion Strategies

- 88% (n=89) of the 101 programs that reported a lack of clinical sites as a barrier to program expansion reported at least one strategy to help mitigate this barrier.
- The most frequently reported strategies were use of human patient simulators, twelve-hour, evening and weekend shifts, and community-based/ambulatory care centers.
- The use of regional computerized clinical placement systems and non-traditional sites were strategies frequently reported by BSN programs.

Table 45. Program Expansion Strategies

	Program Type*			
	ADN	LVN to ADN	BSN	Total
Program Expansion Strategies	%	%	%	%
Human patient simulators	96.8%	100.0%	96.3%	88.1%
Twelve-hour shifts	77.4%	66.7%	66.7%	67.3%
Evening shifts	66.1%	33.3%	74.1%	61.4%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	61.3%	66.7%	74.1%	59.4%
Weekend shifts	59.7%	66.7%	74.1%	58.4%
Innovative skills lab experiences	58.1%	66.7%	74.1%	57.4%
Preceptorships	50.0%	66.7%	40.7%	43.6%
Regional computerized clinical placement system	38.7%	66.7%	55.6%	40.6%
Night shifts	38.7%	33.3%	59.3%	40.6%
Non-traditional clinical sites (e.g. correctional facilites)	16.1%	33.3%	44.4%	22.8%
Other	22.6%	33.3%	25.9%	21.8%
Number of programs that reported	60	3	26	89

*No ELM programs reported program expansion strategies in 2012-2013.

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Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2012-2013, a total of 87 programs reported that they were denied access to a clinical placement, unit, or shift.
- Just under half of the programs (48.3%, n=69) that reported data indicated they were denied access to clinical placements, while 41.3% (n=59) were denied access to clinical units and 27.3% (n=39) were denied access to a clinical shift during the 2012-2013 academic year.
- Slightly more than one-third (34.9%, n=23) of programs denied clinical placement were offered an alternative, compared to 50.8% (n=31) of programs denied a clinical unit, and 61.5% (n=24) of programs denied a clinical shift.
- The lack of access to clinical space resulted in a loss of 227 clinical placements, 106 units and 133 shifts, which affected 2,368 students.

Table 46. RN Programs Denied Clinical Space

	Program Type				
Denied Clinical Space	ADN	LVN to ADN	BSN	ELM	Total
Programs Denied Clinical Placement	36	3	19	12	69
Programs Offered Alternative by Site	7	0	8	8	23
Placements Lost	114	12	71	30	227
Number of programs that reported	81	7	40	15	143
Programs Denied Clinical Unit	34	2	15	8	59
Programs Offered Alternative by Site	21	1	5	4	31
Units Lost	51	3	33	19	106
Number of programs that reported	81	7	40	15	143
Programs Denied Clinical Shift	20	0	13	6	39
Programs Offered Alternative by Site	12	-	9	3	24
Shifts Lost	86	-	36	11	133
Number of programs that reported	81	7	40	15	143
Total number of students affected	1,269	61	812	226	2,368

- Programs most frequently reported lost placement sites in Medical/Surgical clinical areas.

Table 47. Clinical Area that Lost Placements, Shifts or Units

	Program Type				
Clinical Area That Lost Placements, Shifts or Units	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Medical/Surgical	69.4%	100.0%	68.2%	33.3%	65.5%
Pediatrics	24.5%	50.0%	54.5%	33.3%	34.5%
Critical Care	18.4%	25.0%	36.4%	41.7%	26.4%
Obstetrics	14.3%	50.0%	36.4%	25.0%	23.0%
Psychiatry/Mental Health	16.3%	0.0%	22.7%	16.7%	17.2%
Community Health	6.1%	0.0%	22.7%	33.3%	13.8%
Geriatrics	16.3%	0.0%	13.6%	0.0%	12.6%
Other	12.2%	0.0%	4.5%	0.0%	8.0%
Number of programs that reported	49	4	22	12	87

- Overall, competition for space arising from an increase in the number of nursing students was the most frequently reported reason why programs were denied clinical space
- Being displaced by another program was reported more frequently by ADN programs compared to other programs.

Table 48. Reasons for Clinical Space Being Unavailable

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Reasons for Clinical Space Being Unavailable	%	%	%	%	%
Competition for clinical space due to increase in number of nursing students in region	50.0%	50.0%	68.2%	58.3%	55.7%
Displaced by another program	46.0%	25.0%	40.9%	41.7%	43.2%
Staff nurse overload or insufficient qualified staff	38.0%	25.0%	50.0%	50.0%	42.0%
Implementation of Electronic Health Record system	26.0%	50.0%	50.0%	25.0%	33.0%
Decrease in patient census	28.0%	50.0%	31.8%	33.3%	30.7%
Closure, or partial closure, of clinical facility	18.0%	50.0%	40.9%	33.3%	27.3%
Change in facility ownership/management	18.0%	0.0%	36.4%	16.7%	21.6%
Visit from Joint Commission or other accrediting agency	12.0%	25.0%	40.9%	25.0%	21.6%
No longer accepting ADN students	32.0%	50.0%	0.0%	0.0%	20.5%
Nurse residency programs	14.0%	0.0%	31.8%	16.7%	18.2%
Clinical facility seeking magnet status	26.0%	0.0%	4.5%	0.0%	15.9%
Other	14.0%	25.0%	9.1%	0.0%	11.4%
Number of programs that reported	50	4	22	12	88

- Most programs reported that the lost site was replaced at another clinical site – either at a different site currently being used by the program (66%) or at a new clinical site (54%).

Table 49. Strategy to Address Lost Clinical Space

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Strategy to Address Lost Clinical Space	%	%	%	%	%
Replaced lost space at different site currently used by nursing program	65.3%	50.0%	68.2%	66.7%	65.5%
Added/replaced lost space with new site	36.7%	100.0%	72.7%	75.0%	54.0%
Replaced lost space at same clinical site	44.9%	25.0%	31.8%	33.3%	39.1%
Clinical simulation	26.5%	25.0%	50.0%	41.7%	34.5%
Reduced student admissions	2.0%	0.0%	0.0%	0.0%	1.1%
Other	6.1%	0.0%	0.0%	8.3%	4.6%
Number of programs that reported	49	4	22	12	87

- 40 programs reported an increase in out-of-hospital clinical placements in 2012-2013.
- Public health agencies were reported as the most frequently used alternative clinical placement sites overall, as well as for BSN and ELM programs. Skilled nursing/rehabilitation facilities were more frequently used by ADN and LVN to ADN programs.

Table 50. Alternative Clinical Sites

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Alternative Clinical Sites	%	%	%	%	%
Public health or community health agency	33.3%	0.0%	84.6%	71.4%	55.0%
Skilled nursing/rehabilitation facility	50.0%	100.0%	30.8%	42.9%	45.0%
Home health agency/home health service	27.8%	0.0%	53.8%	28.6%	35.0%
Surgery center/ambulatory care center	50.0%	0.0%	15.4%	14.3%	30.0%
Hospice	33.3%	0.0%	30.8%	14.3%	27.5%
School health service (K-12 or college)	22.2%	0.0%	30.8%	14.3%	22.5%
Medical practice, clinic, physician office	22.2%	0.0%	23.1%	28.6%	22.5%
Outpatient mental health/substance abuse	27.8%	0.0%	15.4%	14.3%	20.0%
Renal dialysis unit	11.1%	0.0%	0.0%	0.0%	5.0%
Urgent care, not hospital-based	5.6%	0.0%	0.0%	14.3%	5.0%
Correctional facility, prison or jail	11.1%	0.0%	0.0%	0.0%	5.0%
Case management/disease management	5.6%	0.0%	7.7%	0.0%	5.0%
Occupational health or employee health service	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	18	2	13	7	40

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LVN to RN Education

- Seven nursing programs exclusively offer LVN to ADN education.
- Of the 81 generic ADN programs, 28% (n=23) reported having a separate track for LVNs and 79% (n=64) admit LVNs to the generic ADN program on a space available basis.
- 24 of the generic ADN programs reported having a separate waiting list for LVNs.
- On October 15, 2013 there were a total of 616 LVNs on an ADN program waitlist. These programs reported that on average, it takes 2.4 quarters/semesters for an LVN student to enroll in the first nursing course after being placed on the waiting list.
- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN to RN education are a bridge course and a skills lab course to document competencies.

Table 51. LVN to RN Articulation

	Program Type			
LVN to RN Articulation	ADN	LVN to ADN	BSN	Total
Bridge course	79.5%	71.4%	52.2%	73.1%
Use of skills lab course to document competencies	51.3%	57.1%	52.2%	51.9%
Direct articulation of LVN coursework	41.0%	57.1%	43.5%	42.6%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	37.2%	42.9%	43.5%	38.9%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	23.1%	14.3%	26.1%	23.1%
Specific program advisor	19.2%	28.6%	30.4%	22.2%
Other	12.8%	14.3%	26.1%	15.7%
Number of programs that reported	78	7	23	108

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LVN to BSN Education

- Eleven BSN programs reported LVN to BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school.
    - These programs received 345 qualified applications for 239 admission spaces available for LVN to BSN students. None of these spaces were supported by grant or donor funding.
    - The most common criteria for admission to an LVN to BSN program was minimum/cumulative GPA, followed closely by minimum grade level in prerequisite courses and completion of prerequisite courses.

Table 52. LVN to BSN Admission Criteria

LVN to BSN Admission Criteria	# LVN to BSN Programs
Minimum/Cumulative GPA	6
Minimum grade level in prerequisite courses	4
Completion of prerequisite courses	4
Score on pre-enrollment test	3
Repetition of prerequisite science courses	2
Health-related work experience	1
Geographic location	1
Recent completion of prerequisite courses	0
Personal statement	3
Other	3
None	0
Number of programs that reported	11

- Ranking by specific criteria and rolling admissions were the most commonly reported methods for selecting students for admission to LVN to BSN programs.

Table 53. LVN to BSN Selection Criteria

LVN to BSN Selection Criteria	# LVN to BSN Programs
Ranking by specific criteria	6
Interviews	3
Rolling admissions (based on application date for the quarter/semester)	0
Goal statement	2
First come, first served from the waiting list	0
Other	0
Number of programs that reported	7

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Partnerships

- 64 nursing programs participate in collaborative or shared programs with another nursing program leading to a higher degree. ADN programs have the greatest number of collaborative programs.

Table 54. Partnerships between Nursing Programs

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Partnerships	# Programs	# Programs	# Programs	# Programs	# Programs
Collaborative/shared programs leading to higher degree	55	3	6	0	64
Formal collaboration	23	3	5	-	31
Informal collaboration	40	0	3	-	43

Professional Accreditation

- None of the LVN to ADN programs and fewer than half (32.9%) of ADN programs reported having ACEN accreditation. CCNE does not accredit LVN to ADN or ADN programs.
- 92.3% of BSN programs and 93.8% of ELM programs have CCNE accreditation.

Table 55. Professional Accreditation

	Program Type			
	ADN	LVN to ADN	BSN	ELM
Professional Accreditation	% Eligible Programs	% Eligible Programs	% Eligible Programs	% Eligible Programs
ACEN (formerly NLNAC)	32.9%	0%	2.5%	6.3%
CCNE	NA*	NA*	92.3%	93.8%
Not accredited by ACEN or CCNE	0%	0%	5.2%	0%
Number of programs that reported	79	7	39	16

* NA – Not Applicable, CCNE does not accredit ADN programs.

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First Time NCLEX Pass Rates

- In 2012-2013, 88.3% (n=10,698) of nursing students who took the NCLEX for the first time passed the exam.
- The NCLEX pass rate was highest for students who graduated from ELM programs.

Table 56. First Time NCLEX Pass Rates

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	88.8%	88.5%	87.1%	91.8%	88.3%
# Students that took the NCLEX	5,753	227	4,203	515	10,698
# Students that passed the NCLEX	5,109	201	3,660	473	9,443

*These data represent nursing students who took the NCLEX for the first time in the past five years.

- Overall, pass rates in accelerated programs were slightly lower than those in traditional programs; 84.3% (n=960) of nursing students in an accelerated track who took the NCLEX for the first time in 2012-2013 passed the exam.
- In 2012-2013, accelerated ADN programs had a higher average pass rate than their traditional counterparts, while the rate for accelerated BSN programs was lower than that of traditional BSN programs.

Table 57. NCLEX Pass Rates for Accelerated Programs

	Program Type**		
Accelerated Track	ADN	BSN	Total
First Time NCLEX* Pass Rate	93.5%	83.9%	84.3%
# Students that took the NCLEX	46	1,093	1,139
# Students that passed the NCLEX	43	917	960

*These data represent nursing students who took the NCLEX for the first time in the past five years.
** No LVN to ADN or ELM programs reported data in this area.

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School Data

Data in this section represent all schools with pre-licensure nursing programs. Data were not reported by degree type. As a result, this breakdown is not available.

Nursing Program Directors

- On average, directors spend most of their time administering the RN program(s) and spend more time on that than is allotted.
- Directors also spend more time on administration of other programs (17%), service (16%), and development (fundraising, grant writing, etc) (13%) than on teaching (9%), scholarship (7%), and coordination of preceptors or nurse residency programs (5%).
- Other commonly reported activities that came under purview of the director were budgeting, curriculum, committees, personnel and student issues (including staffing, mentoring, discipline, etc.), and regulatory duties (reports, surveys, etc.).

Table 58. Nursing Program Director's Time

Nursing Program Director's Time	% of Time Spent
RN program administration	73.8%
Administration of other programs	17.2%
Service	16.1%
Development (fundraising, grant writing, etc.)	13.4%
Teaching	9.0%
Scholarship	6.9%
Coordination of preceptors/nurse residency programs	5.2%
Research	3.7%
Other	18.9%
Number of Schools that Reported	132

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- CNA, LVN and graduate programs were the most commonly reported programs also administered by the RN program director.

Table 59. Other Programs Administered by the RN Program Director

Other Programs Administered by the RN Program Director	Number of Schools
CNA	25
LVN	22
Graduate programs	19
EMT	14
Health sciences	12
HHA	10
Technician (i.e. psychiatric, radiologic, etc.)	9
RN to BSN programs	6
Health professions	4
Paramedic	3
Dental programs	3
Medical Assistant program	3
Other	12
Number of Schools that Reported	67

Other Program Administration

- The majority of nursing programs have one assistant director. On average, assistant directors have 30.0% of their time allocated to administering the nursing program and spend 32.6% of their time actually administering it.
- Nursing programs have an average of 2.6 FTEs dedicated to program administration (including all directors, assistant directors and other support staff, but not including clerical support staff) and 2.3 FTEs dedicated to clerical support of the nursing program.

Table 60. Number of Assistant Directors

Number of Assistant Directors	%
0	3.0%
1	64.4%
2	25.0%
3	4.6%
More than 3	3.0%
Number of Schools that Reported	132

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Factors Impacting Student Attrition

- Academic failure and personal reasons continue to be reported as the factors with the greatest impact on student attrition.
- 51% (n=68) of nursing schools reported that academic failure had the greatest impact on student attrition, while 29% (n=39) of schools reported that personal reasons had the greatest impact on student attrition.

Table 61. Factors Impacting Student Attrition

Factors Impacting Student Attrition	Average Rank*
Academic failure	1.7
Personal reasons(e.g. home, job, health, family)	2.1
Clinical failure	2.9
Financial need	3.2
Change of major or career interest	4.0
Transfer to another school	4.3

*The lower the ranking, the greater the impact on attrition (1 has the greatest impact on attrition, while 8 has the least impact).

Methods Used to Increase Student Retention

- Student success strategies such as mentoring, remediation, tutoring, and personal counseling were reported as the most common methods used to increase student retention.

Table 62. Methods Used to Increase Student Retention

Methods Used to Increase Student Retention	% Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	96.9%
Personal counseling	83.2%
Program revisions (e.g. curriculum revisions)	43.5%
New admission policies instituted	36.6%
Increased financial aid, including scholarships	33.6%
Increased child care	3.1%
Clinical simulation	2.3%
Other	6.9%
None	1.5%
Number of schools that reported	131

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Innovations Used to Expand the Nursing Program

- Simulation training, use of adjunct faculty, and grants were reported as the most common methods used to expand the nursing program.

Table 63. Innovations Used to Expand the Nursing Program

Innovations Used to Expand the Nursing Program	% Schools
Simulation training	66.9%
Use of adjunct faculty	60.8%
Grants	53.8%
Evening schedule	31.5%
Weekend schedule	31.5%
Accelerated/ year-round program	15.4%
Distance Education (e.g. online, interactive video)	12.3%
Shared faculty	11.5%
Extended campuses	10.8%
Part-time program	2.3%
Other	6.9%
None	13.8%
Number of schools that reported	130

Access to Prerequisite Courses

- 56 nursing schools (42.1%) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students.
- Adding science course sections, agreements with other schools for prerequisite courses, and offering additional prerequisite courses on weekends, evenings and in the summer were reported as the most common methods used to increase access to prerequisite courses for these students.

Table 64. Access to Prerequisite Courses

Prerequisite Access for Pre-Nursing Students	% Schools
Adding science course sections	50.0%
Agreements with other schools for prerequisite courses	46.2%
Offering additional prerequisite courses on weekends, evenings, and summers	38.5%
Accepting online courses from other institutions	26.9%
Providing online courses	21.2%
Transferable high school courses to achieve prerequisites	19.2%
Prerequisite courses in adult education	1.9%
Other	11.5%
Number of schools that reported	52

Restricting Student Access to Clinical Practice

- 95 nursing schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.
- The most common types of restricted access students faced were to the clinical site itself, due to a visit from the Joint Commission or another accrediting agency, access to bar coding medication administration, and electronic medical records.
- Schools reported that the least common types of restrictions students faced were direct communication with health care team members, alternative setting due to liability, and IV medication administration.

Table 65. Types of Restricted Access in the Clinical Setting for RN Students

Type of Restricted Access	Percentage of Schools (%)					# Schools
	Very Uncommon	Uncommon	Common	Very Common	N/A	
Clinical site due to visit from accrediting agency (Joint Commission)	7.5%	13.8%	41.5%	37.2%	0%	94
Bar coding medication administration	3.3%	18.5%	52.2%	22.8%	3.3%	92
Electronic Medical Records	5.4%	17.4%	54.4%	20.7%	2.2%	92
Student health and safety requirements	17.6%	33.0%	24.2%	23.1%	2.2%	91
Glucometers	18.7%	36.3%	27.5%	11.0%	6.6%	91
Automated medical supply cabinets	10.1%	23.6%	34.8%	16.9%	14.6%	89
IV medication administration	17.8%	50.0%	22.2%	3.3%	6.7%	90
Some patients due to staff workload	15.4%	48.4%	24.2%	7.7%	4.4%	91
Direct communication with health team	28.6%	47.3%	16.5%	2.2%	5.5%	91
Alternative setting due to liability	17.6%	40.7%	12.1%	7.7%	22.0%	91

- The most common clinical practice areas in which students faced restrictions were Medical/Surgical, Pediatrics, and Obstetrics.

Table 66. Clinical Area in which Restricted Access Occurs

Clinical Area of Restricted Access	% Schools
Medical/Surgical	89.5%
Pediatrics	77.9%
Obstetrics	69.5%
Critical Care	60.0%
Psychiatry/Mental Health	55.8%
Geriatrics	33.7%
Community Health	23.2%
Other Department	8.4%
Number of schools that reported	95

Funding of Nursing Program

- On average, schools reported that 75% of funding for their nursing programs comes from the operating budget of their college or university, while 16% of funding comes from government sources.

Table 67. Funding of Nursing Programs

Funding of Nursing Program	% Schools
Your college/university operating budget	75.2%
Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	15.5%
Industry (i.e. hospitals, health systems)	2.9%
Foundations, private donors	1.3%
Other	1.3%
Number of schools that reported	131

RN Refresher Course

- In 2012-2013, five nursing schools offered an RN refresher course, and 134 students completed one of these courses.

Clinical Simulation Center

- 128 of 133 nursing schools (96%) reported using a clinical simulation center in 2012-2013.
- Of the 128 schools that used clinical simulation centers in 2012-2013, 61% (n=78) plan to expand the center.
- Clinical scenarios, debriefing and dialoguing, hi-fidelity mannequins, students in uniform, and a student preparation phase are all very common educational techniques used as part of the clinical simulation experience.

Table 68. Educational Techniques of Clinical Simulation

Educational Techniques of Clinical Simulation	% Schools
Clinical scenarios	98.4%
Debriefing as part of the simulation experience	94.4%
Hi-fidelity mannequin	93.6%
Students in uniforms	92.8%
A student preparation phase as part of the simulation experience	90.4%
Enclosed simulation room replicating the clinical environment with observation window(s)	68.8%
Videotaping	68.0%
Number of schools that reported	128

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- 98% of schools that use a clinical simulation have facilities on campus at the nursing school.

Table 69. Location of Clinical Simulation

Location of Clinical Simulation	% Schools
On campus at the nursing school	98.4%
Through arrangement at another facility (i.e. clinical affiliate, nursing program)	8.1%
Other	3.2%
Number of schools that reported	124

- Schools most frequently staff clinical simulation with full-time or part-time staff or a clinical simulation coordinator.

Table 70. Staffing Clinical Simulation

Staffing Clinical Simulation	% Schools
Full-time or part-time staff	71.0%
RN clinical simulation coordinator (in addition to RN course faculty)	61.3%
Clinical simulation technician	42.7%
Other	17.7%
Number of schools that reported	124

- The most frequently reported reasons for using a clinical simulation center were to provide clinical experience not available in a clinical setting (88%), to standardize clinical experiences (86%), and to check clinical competencies (76%).

Table 71. Reasons for Using a Clinical Simulation Center

Use of a Clinical Simulation Center	% Schools
To provide clinical experience not available in a clinical setting	88.0%
To standardize clinical experiences	86.4%
To check clinical competencies	76.0%
To make up for clinical experiences	62.4%
To provide interprofessional experiences	54.4%
To provide faculty development	22.4%
To increase capacity in your nursing program	13.6%
To provide collaborative experiences between hospital staff and students	12.0%
Number of schools that reported	125

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- Most hi-fidelity scenarios used in California nursing schools are developed by faculty, purchased, or modified from purchased scenarios.
- 29.6% of hi-fidelity scenarios are developed through participation in regional or statewide alliances.

Table 72. Development of Hi-Fidelity Scenarios

Development of Hi-Fidelity Scenarios	% Schools
By faculty	76.0%
Modified from purchased scenarios	76.0%
Purchased	65.6%
Regional or statewide alliance	29.6%
Shared with another nursing program	13.6%
Other	6.4%
Number of schools that reported	125

- Medical/Surgical, fundamentals, pediatrics and obstetrics are the most common areas in which schools use clinical simulation.
- On average, nursing schools use clinical simulation centers for 16% of clinical time in medical/surgical, 15% in fundamentals, and 13% in pediatrics.

Table 73. Content Areas Taught in Clinical Simulation

Content Areas Taught in the Clinical Simulation Center	% Schools	Average % of Content Taught in Simulation
Medical/Surgical	97.5%	16.0%
Fundamentals	84.4%	15.4%
Pediatrics	82.0%	12.5%
Obstetrics	77.9%	11.4%
Geriatrics	62.3%	11.2%
Psychiatry/Mental Health	47.5%	9.4%
Leadership/Management	39.3%	9.3%
Other	14.8%	16.3%
Number of schools that reported	122	121

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APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (81)

American River College
Antelope Valley College
Bakersfield College
Butte Community College
Cabrillo College
Cerritos College
Chabot College
Chaffey College
Citrus College
City College of San Francisco
*CNI College
College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College - Compton Education Center
El Camino College
Everest College
Evergreen Valley College
Fresno City College
Glendale Community College
Golden West College
Grossmont College
Hartnell College
Imperial Valley College
ITT Technical Institute
Kaplan College
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing & Allied Health
Los Angeles Harbor College
Los Angeles Southwest College
Los Angeles Trade-Tech College
Los Angeles Valley College
Los Medanos College
Mendocino College
Merced College
Merritt College
Mira Costa College
†Modesto Junior College
Monterey Peninsula College
Moorpark College
Mount Saint Mary's College
Mount San Antonio College
Mount San Jacinto College
Napa Valley College
Ohlone College
†Pacific Union College
Palomar College
Pasadena City College
Pierce College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College
San Bernardino Valley College
San Diego City College
San Joaquin Delta College
San Joaquin Valley College
Santa Ana College
Santa Barbara City College
Santa Monica College
Santa Rosa Junior College
Shasta College
Shepherd University
Sierra College
Solano Community College
Southwestern College
Ventura College
Victor Valley College
West Hills College Lemoore
†Yuba College

LVN to ADN Programs Only (7)

Allan Hancock College
Carrington College
College of the Siskiyous
Gavilan College
Mission College
Reedley College at Madera Community College Center
Unitek College

BSN Programs (40)

American University of Health Sciences
†Azusa Pacific University
Biola University
California Baptist University
CSU Bakersfield
†CSU Channel Islands
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
CSU San Bernardino
†CSU San Marcos
†CSU Stanislaus
Concordia University Irvine
Dominican University of California
Holy Names University
₸ Humboldt State University
Loma Linda University
Mount Saint Mary's College
†National University
Point Loma Nazarene University
†Samuel Merritt University
San Diego State University
†San Francisco State University
Simpson University
Sonoma State University
*United States University
University of California Irvine
University of California Los Angeles
†University of Phoenix - Northern California
University of San Francisco
The Valley Foundation School of Nursing at San Jose State University
West Coast University – Inland Empire
West Coast University – Los Angeles
West Coast University – Orange County
Western Governors University

ELM Programs (15)

†Azusa Pacific University
California Baptist University
CSU Dominguez Hills
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
Charles R. Drew University
†Samuel Merritt University
†San Francisco State University
University of California Los Angeles
University of California San Francisco
University of San Diego
University of San Francisco
Western University of Health Sciences

† Reported student data for satellite campuses
₸- Program graduated last class of students in 2012-2013
* - New programs in 2012-2013

APPENDIX B – Definition List

Definition List

The following definitions apply throughout the survey whenever the word or phrase being defined appears unless otherwise noted.

Accelerated Program: An Accelerated Program's curriculum extends over a shorter time-period than a traditional program. The curriculum itself may be the same as a generic curriculum or it may be designed to meet the unique learning needs of the student population.

Active Faculty: Faculty who teach students and have a teaching assignment during the time period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.

Adjunct Faculty: A faculty member that is employed to teach a course in a part-time and/or temporary capacity.

Advanced Placement Students: Pre-licensure students who entered the program after the first semester/quarter. These students include LVNs, paramedics, military corpsmen, and other health care providers, but does not include students who transferred or were readmitted.

Assembly Bill 1559 Criteria: Requires California Community College (CCC) registered nursing programs who determine that the number of applicants to that program exceeds the capacity and elects, on or after January 1, 2008 to use a multicriteria screening process to evaluate applicants shall include specified criteria including, but not limited to, all of the following: (1) academic performance, (2) any relevant work or volunteer experience, (3) foreign language skills, and (4) life experiences and special circumstances of the applicant. Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes or other criteria, as approved by the chancellor, may be used but are not required.

Assistant Director: A registered nurse administrator or faculty member who meets the qualifications of section 1425(b) of the California Code of Regulations (Title 16) and is designated by the director to assist in the administration of the program and perform the functions of the director when needed.

Attrition Rate: The total number of generic students dropped or disqualified who were scheduled to complete the program between August 1, 2012 and July 31, 2013, divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

Census Data: Number of students enrolled or faculty present on October 15, 2013.

Clinical Placement: A cohort of students placed in a clinical facility or community setting as part of the clinical education component of their nursing education. If you have multiple cohorts of students at one clinical facility or community setting, you should count each cohort as a clinical placement.

Clinical Simulation: Clinical simulation provides a simulated real-time nursing care experience using clinical scenarios and low to hi-fidelity mannequins, which allow students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

Collaborative/Shared Education: A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.

Completed on Schedule Students: Students scheduled on admission to complete the program between August 1, 2012 and July 31, 2013.

Contract Education: A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organization's employees for a fee.

Distance Education: Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.).

Entry-level Master's (ELM): A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of pre-licensure nursing courses and master's level nursing courses.

Evening Program: A program that offers all program activities in the evening (i.e. lectures, etc.).This does not include a traditional program that offers evening clinical rotations.

Full-Time Equivalents (FTEs): One FTE is equal to 40 hours per week.

Full-Time Faculty: Faculty that work 1.0 FTE, as defined by the school.

Generic Pre-licensure Students: Students who enter the program in the first nursing course.

Hi-Fidelity Mannequin: A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills.

Home Campus: The campus where your school's administration is based. Include data here about any satellite campuses if they are located in the same county as your home campus.

LVN to BSN Program: A program that exclusively admits LVN to BSN students. If the school also has a generic BSN program, the LVN to BSN program is offered separately or differs significantly from the generic program.

LVN 30 Unit Option Students: LVNs enrolled in the curriculum for the 30-unit option.

Part-Time Faculty: Faculty that work less than 1.0 FTE and do not carry a full-time load, as defined by school policy. This includes annualized and non-annualized faculty.

Readmitted Students: Returning students who were previously enrolled in your program.

Retention Rate: The total number of generic students who completed the program between August 1, 2012 and July 31, 2013 divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

Screened applications: The number of applications selected from the total applicant pool to undergo additional screening to determine if they were qualified for admission to the nursing program between 8/1/12 and 7/31/13.

Shared Faculty: A faculty member is shared by more than one school, e.g. one faculty member teaches a course in pediatrics to three different schools in one region.

Students who Dropped Out or were Disqualified: Students who have left the program prior to their scheduled completion date occurring between August 1, 2012 and July 31, 2013.

Time Period for the Survey: August 1, 2012 - July 31, 2013. For those schools that admit multiple times a year, combine all student cohorts.

Traditional Program: A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.

Transfer Students: Students in your programs that have transferred nursing credits from another pre-licensure program. This excludes RN to BSN students.

Validated Prerequisites: The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.

Waiting List: A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply.

Weekend Program: A program that offers all program activities on weekends, i.e. lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends.

APPENDIX C – BRN Education Issues Workgroup Members

Members	Organization
Loucine Huckabay, Chair	California State University, Long Beach
Audrey Berman	Samuel Merritt University
Brenda Fong	Community College Chancellor's Office
Patricia Girczyc	College of the Redwoods
Marilyn Herrmann	Loma Linda University
Deloras Jones	Independent Consultant, Former Executive Director of California Institute for Nursing and Health Care
Stephanie Leach	Kaiser Foundation Health Plan
Judy Martin-Holland	University of California, San Francisco
Tammy Rice	Saddleback College
Paulina Van	California State University, East Bay

Ex-Officio Member

Louise Bailey	California Board of Registered Nursing

Project Manager

Julie Campbell-Warnock	California Board of Registered Nursing

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California Board of Registered Nursing

2012-2013 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

January 27, 2014

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PREFACE

Nursing Education Survey Background

Development of the 2012-2013 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Funding for this project was provided by the California Board of Registered Nursing.

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2012 through July 31, 2013. Demographic information and census data were requested for October 15, 2013.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

Availability of Data

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the last ten years of BRN School Surveys will be available for public access on the BRN website. Parties interested in accessing data not available on the website should contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

The BRN acknowledges that survey respondents may not have had ready access to some of the data that were being requested. To address this issue, a member of the Education Issues Workgroup developed a computer program for tracking most of the required data. The computer tracking program was distributed to nursing programs in the fall of 2006. Nursing programs that do not have this program may contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

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Value of the Survey

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Issues Workgroup and all survey respondents. Your participation has been vital to the success of this project.

Survey Participation[1]

All California nursing schools were invited to participate in the survey. In 2012-2013, 133 nursing schools offering 143 pre-licensure programs approved by the BRN to enroll students responded to the survey. A list of the participating nursing schools is provided in the Appendix.

Table 1. RN Program Response Rate

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	81	81	100%
LVN to ADN	7	7	100%
BSN	40	40	100%
ELM	15	15	100%
Total Programs	143	143	100%

[1] In this 2013 report there are 133 schools in California that offer a pre-licensure nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=143) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2012-2013 survey, 133 nursing schools reported data for 143 pre-licensure programs at 161 different locations.

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DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2012-2013 BRN School Survey in comparison with data from previous years of the survey. Data items addressed include the number of nursing programs, enrollments, completions, retention rates, NCLEX pass rates, new graduate employment, student and faculty census data, the use of clinical simulation, availability of clinical space, and student clinical practice restrictions.

Trends in Pre-Licensure Nursing Programs

Number of Nursing Programs

In 2012-2013, a total of 143 pre-licensure nursing programs reported students enrolled in their programs. Most pre-licensure nursing programs in California are public. However, the share of public programs has been decreasing over the past ten years, from a high of 83.7% (n=87) of pre-licensure nursing programs in 2003-2004 to 74.1% in 2012-2013. Private schools have accounted for almost all new program growth since 2006-2007.

Table 2. Number of Nursing Programs

	Academic Year									
	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Total Nursing Programs*	**104**	**109**	**117**	**130**	**132**	**138**	**139**	**145**	**142**	**143**
ADN	73	76	77	82	84	86	86	89	87	88
BSN	23	24	26	32	32	36	37	39	39	40
ELM	8	9	14	16	16	16	16	17	16	15
Public	87	90	96	105	105	105	105	107	106	106
Private	17	19	21	25	27	33	34	38	36	37
Total Number of Schools	99	102	105	117	119	125	125	131	132	133

*Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools in the state.

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The share of nursing programs that partner with another nursing school that offers a higher degree has been increasing since 2007-2008. In 2012-2013, 45.4% of nursing programs (n=64) collaborated with another program that offered a higher degree than offered at their own program. Of nursing programs that had these collaborations in 2012-2013, 45.3% (n=29) had formal agreements and 67.2% (n=43) had informal agreements.

Table 3. Partnerships

	Academic Year							
Partnerships*	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Schools that partner with another program that leads to a higher degree	7.7%	6.9%	6.8%	13.8%	25.2%	30.3%	35.2%	45.4%
Total number of programs that reported	117	130	132	138	139	145	142	141

*These data were collected for the first time in 2005-2006.

Admission Spaces and New Student Enrollments

In 2008-2009, the number of spaces available for new students in nursing programs reached a high of 12,812. While the number of available spaces declined between then and 2011-2012, there was a slight increase in available admission spaces in the last year. In 2012-2013, there were 12,739 spaces available for new students and these spaces were filled with a total of 13,181 students. Even though there was a slight increase in the number of available spaces, this represents the fourth consecutive year in which new student enrollments declined, after having increased every year in the five years prior to the 2008-2009 academic year. The share of nursing programs that reported filling more admission spaces than were available also fell slightly, from 47.9% (n=68) in 2011-2012 to 46.2% (n=66) in 2012-2013. The most frequently reported reason for doing so was to account for attrition.

Table 4. Availability and Utilization of Admission Spaces

	Academic Year									
	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Spaces Available	7,797	9,026	10,523	11,475	11,773	12,812	12,797	12,643	12,391	12,739
New Student Enrollments	7,825	8,926	11,131	12,709	12,961	13,988	14,228	13,939	13,677	13,181
% Spaces Filled with New Student Enrollments	100.4%	98.9%	105.8%	110.8%	110.1%	109.2%	111.2%	110.3%	110.4%	103.5%

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Nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. The number of qualified applications nursing programs received in 2012-2013 decreased 9.4% (n=3,624) over the previous year. In 2012-2013, 62.4% of the 35,041 qualified applications to California nursing education programs did not enroll. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is likely greater than the number of individuals applying for admission to nursing programs in California.

Table 5. Student Admission Applications*

	Academic Year									
	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Qualified Applications	**17,887**	**20,405**	**28,410**	**28,506**	**34,074**	**36,954**	**41,634**	**37,847**	**38,665**	**35,041**
ADN	12,585	14,615	19,724	19,559	25,021	26,185	28,555	24,722	23,913	19,979
BSN	3,964	4,914	7,391	7,004	7,515	8,585	10,680	11,098	12,387	12,476
ELM	1,338	876	1,295	1,943	1,538	2,184	2,399	2,027	2,365	2,586
% Qualified Applications *Not* Enrolled	56.3%	56.3%	60.8%	55.4%	62.0%	62.1%	65.4%	63.2%	64.6%	62.4%

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

New student enrollments have been decreasing since 2009-2010 and are currently at levels seen in 2007-2008. In 2012-2013, 13,181 new students enrolled in registered nursing programs. ELM programs had an increase in the number of new students enrolling in their programs over the last year, while ADN and BSN programs saw declines during the same time period. Public programs have seen their enrollments decline by 18% (n=1,878) in the last six years, while 2012-2013 represents the first enrollment decline for private programs in ten years.

Table 6. New Student Enrollment by Program Type

	Academic Year									
	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
New Student Enrollment	**7,825**	**8,926**	**11,131**	**12,709**	**12,961**	**13,988**	**14,228**	**13,939**	**13,677**	**13,181**
ADN	5,547	6,160	7,778	8,899	8,847	9,412	8,594	7,688	7,411	7,146
BSN	1,960	2,371	2,709	3,110	3,404	3,821	4,842	5,342	5,445	5,185
ELM	318	395	644	700	710	755	792	909	821	850
Private	1,150	1,614	2,024	2,384	2,704	3,774	4,607	4,773	4,795	4,734
Public	6,675	7,312	9,107	10,325	10,257	10,214	9,621	9,166	8,882	8,447

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Student Census Data

The total number of students enrolled in California nursing programs on October 15, 2013 increased in comparison to the previous year. All program types saw increases during this time period. Of the total student body in California's pre-license nursing programs at the time of the 2013 census, 46% (n=12,070) were in ADN programs, 47% (n=12,453) in BSN programs, and almost 7% (n=1,808) in ELM programs. For the second consecutive year, BSN students represent about the same share of California nursing students as ADN students.

Table 7. Student Census Data*

	Year									
Program Type	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
ADN Program	9,939	11,117	12,632	14,191	14,304	14,987	14,011	13,041	11,860	12,070
BSN Program	5,669	6,285	6,799	7,059	7,956	9,288	10,242	11,712	12,248	12,453
ELM Program	804	659	896	1,274	1,290	1,405	1,466	1,778	1,682	1,808
Total Nursing Students	**16,412**	**18,061**	**20,327**	**22,524**	**23,550**	**25,680**	**25,719**	**26,531**	**25,790**	**26,331**

*Census data represent the number of students on October 15th of the given year.

Student Completions

Student completions increased 4.4% (n=478) in 2012-2013 after declining for the first time in ten years between 2009-2010 and 2010-2011. Most of this increase was due to BSN programs, while the number of students graduating from ELM programs increased slightly and students graduating from ADN programs remained about the same. Although the share has grown smaller, ADN graduates continue to represent a majority (55%) of all students completing a pre-licensure nursing program in California.

Table 8. Student Completions

	Academic Year									
	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Student Completions	**6,158**	**6,677**	**7,528**	**8,317**	**9,580**	**10,526**	**11,512**	**10,666**	**10,814**	**11,292**
ADN	4,488	4,769	5,351	5,885	6,527	7,075	7,690	6,619	6,162	6,164
BSN	1,479	1,664	1,861	2,074	2,481	2,788	3,157	3,330	3,896	4,364
ELM	191	244	316	358	572	663	665	717	756	764

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Retention and Attrition Rates

Of the 11,579 students scheduled to complete a nursing program in the 2012-2013 academic year, 81.1% (n=9,389) completed the program on-time, 6.6% (n=762) are still enrolled in the program, and 12.3% (n=1,428) dropped out or were disqualified from the program. At 81.1%, the 2012-2013 retention rate is the highest in the past ten years.

Table 9. Student Retention and Attrition

	Academic Year									
	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Students Scheduled to Complete the Program	**8,151**	**8,507**	**8,208**	**8,852**	**9,769**	**10,630**	**10,162**	**10,007**	**9,595**	**11,579**
Completed On Time	5,831	6,055	6,047	6,437	7,254	7,990	7,845	7,742	7,570	9,389
Still Enrolled	1,082	710	849	996	950	1,078	928	742	631	762
Attrition	1,238	1,742	1,312	1,419	1,565	1,562	1,389	1,523	1,394	1,428
Completed Late‡							615	487	435	573
Retention Rate*	71.5%	71.2%	73.7%	72.7%	74.3%	75.2%	77.2%	77.4%	78.9%	81.1%
Attrition Rate**	15.2%	20.5%	16.0%	16.0%	16.0%	14.7%	13.7%	15.2%	14.5%	12.3%
% Still Enrolled	13.3%	8.3%	10.3%	11.3%	9.7%	10.1%	9.1%	7.4%	6.6%	6.6%

‡Data were collected for the first time in the 2009-2010 survey. These completions are not included in the calculation of either retention or attrition rates.

*Retention rate = (students completing the program on-time) / (students scheduled to complete)

**Attrition rate = (students dropped or disqualified who were scheduled to complete) / (students scheduled to complete the program)

Note: Blank cells indicate the information was not requested

Attrition rates vary by program type and continue to be lowest among ELM programs and highest among ADN programs. In the last two years, attrition rates have improved in both ADN and ELM programs and stayed about the same in BSN programs. In 2012-2013, the average attrition rate for ADN programs was at its lowest (14.0%) in ten years. For the first time in ten years, public programs had attrition rates comparable to those of private programs for which attrition rates have historically been lower.

Table 10. Attrition Rates by Program Type*

	Academic Year									
Program Type	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
ADN	17.0%	23.7%	18.3%	19.0%	19.0%	17.6%	16.6%	18.1%	17.7%	14.0%
BSN	10.8%	11.0%	10.5%	8.7%	8.6%	9.0%	8.1%	10.0%	9.7%	10.3%
ELM	4.7%	14.3%	5.0%	7.2%	5.6%	5.2%	5.6%	8.9%	7.3%	4.9%
Private	10.1%	15.9%	14.6%	7.9%	9.2%	10.0%	8.9%	12.4%	10.9%	12.4%
Public	15.9%	21.2%	16.2%	17.7%	17.5%	16.0%	14.8%	15.9%	15.5%	12.3%

*Changes to the survey that occurred between 2003-2004 and 2005-2006 may have affected the comparability of these data over time.

Retention and Attrition Rates for Accelerated Programs

Attrition rates for accelerated programs were much higher in 2010-2011 and 2012-2013 than in other years. The data for 2012-2013 show a higher overall attrition rate (9.4%) than in other years but lower than the 12.5% attrition rate reported for traditional programs in the same year.

Table 11. Student Retention and Attrition for Accelerated Programs*

	Academic Year					
	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Students Scheduled to Complete the Program	**686**	**784**	**1,159**	**1,040**	**1,281**	**1,035**
Completed On Time	569	674	1,059	878	1,156	875
Still Enrolled	88	83	71	69	53	63
Attrition	28	27	29	93	72	97
Completed Late‡			45	34	72	45
Retention Rate**	82.9%	86.0%	91.4%	84.4%	90.2%	84.5%
Attrition Rate***	4.1%	3.4%	2.5%	8.9%	5.6%	9.4%
% Still Enrolled	12.8%	10.6%	6.1%	6.6%	4.1%	6.1%

*These data were collected for the first time in 2007-2008.

‡Data were collected for the first time in the 2009-2010 survey. These completions are not included in the calculation of either the retention or attrition rates.

**Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)

***Attrition rate = (students who dropped or were disqualified who were scheduled to complete) / (students scheduled to complete the program)

Note: Blank cells indicated that the applicable information was not requested in the given year.

Attrition rates in accelerated ADN programs had been improving from their six-year high of 24.7% in 2007-2008 to 6.3% in 2011-2012. However, 2012-2013 attrition rates in these programs have risen sharply – to 21.6% - higher than attrition rates reported for traditional ADN programs. Attrition rates in accelerated BSN programs have fluctuated over the last six years. While there was a slight increase in attrition over the last year (to 8.7%), accelerated BSN programs continue to have lower attrition rates than traditional BSN programs.

Table 12. Attrition Rates by Program Type for Accelerated Programs*

	Academic Year					
Program Type	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
ADN	24.7%	18.5%	6.6%	7.9%	6.3%	21.6%
BSN	6.8%	7.0%	5.8%	9.2%	5.4%	8.7%

*These data were collected for the first time in 2007-2008.

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NCLEX Pass Rates

Over the last ten years, NCLEX pass rates have typically been higher for ELM graduates than for ADN or BSN program graduates. Improved pass rates for ADN and BSN graduates and lower pass rates for ELM students have narrowed this gap in recent years.

Table 13. First Time NCLEX Pass Rates*

	Academic Year									
Program Type	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
ADN	85.1%	85.0%	87.3%	87.8%	85.4%	87.5%	88.6%	87.4%	89.8%	88.8%
BSN	84.9%	83.3%	83.1%	89.4%	85.9%	88.7%	89.2%	87.9%	88.7%	87.1%
ELM	93.6%	92.0%	92.4%	89.6%	92.3%	90.6%	89.6%	88.2%	88.9%	91.8%

*NCLEX pass rates for students who took the exam for the first time in the past five years.

NCLEX pass rates for students graduated from accelerated nursing programs are comparable to pass rates of students who completed traditional programs. While the pass rates for both types of programs have fluctuated over time, accelerated ADN programs had a higher 2012-2013 average pass rate compared to their traditional counterparts.

Table 14. First Time NCLEX Pass Rates for Accelerated Programs*

	Academic Year					
Program Type	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
ADN	86.7%	93.7%	89.0%	83.9%	85.8%	93.5%
BSN	89.4%	92.1%	88.5%	90.9%	89.9%	83.9%

*These data were collected for the first time in 2007-2008.

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Employment of Recent Nursing Program Graduates[2]

The largest share of RN program graduates work in hospitals, even though this share has been decreasing from a high of 88.0% in 2007-2008. In 2012-2013, programs reported that 56.7% of graduates where employed in hospitals. Similarly, the share of new graduates employed in nursing who work in California has shown an overall decline since 2007-2008. Nursing programs reported that 18.3% of their 2012-2013 graduates had been unable to find employment by October 2013, about the same as reported a year ago.

Table 15. Employment of Recent Nursing Program Graduates

	Academic Year								
Employment Location	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Hospital	72.6%	80.1%	84.3%	88.0%	71.4%	59.0%	54.4%	61.1%	56.7%
Long-term care facilities		0.8%	3.7%	2.7%	8.4%	9.7%	7.8%	8.3%	7.9%
Community/public health facilities		2.4%	3.4%	2.2%	5.4%	3.9%	4.5%	3.6%	3.6%
Other healthcare facilities		1.8%	2.9%	3.1%	5.6%	6.0%	5.0%	5.2%	4.7%
Pursuing additional nursing education[Ŧ]									7.1%
Other		1.4%	6.1%	4.0%	15.6%	14.8%	6.5%	4.2%	1.7%
Unable to find employment*						27.5%	21.8%	17.6%	18.3%
Employed in California	59.9%	77.5%	87.8%	91.5%	83.4%	81.1%	68.0%	69.6%	63.7%

*This option was added to the survey in 2009-10.
Ŧ This option was added to the survey in 2012-13.
Note: Blank cells indicated that the applicable information was not requested in the given year.

[2] Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2012-2013, on average, the employment setting was unknown for 21% of recent graduates.

Clinical Simulation in Nursing Education

Between 8/1/12 and 7/31/13, 128 of California's 133 nursing schools reported using clinical simulation[3]. Of the five schools not using clinical simulation, one school is no longer offering a nursing program and the four others plan to begin using simulation next year.

The most frequently reported reasons for why schools used a clinical simulation center in 2012-2013 were, again, to provide clinical experience not available in a clinical setting, to standardize clinical experiences, and to check clinical competencies. Of the 128 schools that used clinical simulation centers in 2012-2013, 61% (n=78) plan to expand the use of simulation.

Table 16. Reasons for Using a Clinical Simulation Center*

Reason	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
To provide clinical experience not available in a clinical setting	73.5%	70.3%	85.1%	85.0%	78.9%	85.9%
To standardize clinical experiences	80.9%	75.7%	82.5%	90.0%	85.9%	84.4%
To check clinical competencies	69.1%	73.9%	80.7%	71.7%	74.2%	74.2%
To make up for clinical experiences	55.9%	56.8%	62.2%	58.3%	58.6%	60.9%
To provide interprofessional experiences					44.5%	53.1%
To increase capacity in your nursing program	22.1%	14.4%	13.8%	16.7%	14.1%	13.3%
To provide collaborative experiences between hospital staff and students					10.9%	11.7%
To provide faculty development						21.9%
Number of schools that use a clinical simulation center	68	111	116	120	128	128

*These data were collected for the first time in 2006-2007. However, changes in these questions for the 2007-2008 administration of the survey and lack of confidence in the reliability of the 2006-2007 data prevent comparability of the data. Therefore, data prior to 2007-2008 are not shown.
**Blank cells indicate that those data were not requested in the given year.

[3] Clinical simulation provides a simulated real-time nursing care experience using clinical scenarios and low to hi-fidelity mannequins, which allow students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

Clinical Space & Clinical Practice Restrictions[4]

The number of California nursing programs reporting they were denied access to a clinical placement, unit or shift increased slightly over the last year, from 85 in 2011-2012 to 87 in 2012-2013. Just under half of the programs (48.3%, n=69) that reported data indicated they were denied access to clinical placements, while 41.2% (n=59) were denied access to clinical units and 27.3% (n=39) were denied access to a clinical shift during the 2012-2013 academic year. Access to an alternative clinical site depended on the type of space denied. One-third (33.3%) of programs denied clinical placement were offered an alternative, compared to 52.5% of programs denied a clinical unit, and 61.5% of programs denied a clinical shift. The lack of access to clinical space resulted in a loss of 227 clinical placements, 108 units and 133 shifts, which affected 2,368 students.

Table 17. RN Programs Denied Clinical Space

Denied Clinical Space	2010-11	2011-12	2012-13
Programs Denied Clinical Placement	72	65	69
Programs Offered Alternative by Site	17	21	23
Placements Lost	270	266	227
Number of programs that reported	142	140	143
Programs Denied Clinical Unit	66	65	59
Programs Offered Alternative by Site	35	29	31
Units Lost	118	131	108
Number of programs that reported	142	139	143
Programs Denied Clinical Shift	41	37	39
Programs Offered Alternative by Site	31	31	24
Shifts Lost	77	54	133
Number of programs that reported	141	139	143
Total number of students affected	2,190	1,006	2,368

[4] Some of these data were collected for the first time in 2009-2010. However, changes in these questions for the 2010-2011 administration of the survey prevent comparability of the data. Therefore, data prior to 2010-2011 are not shown.

Competition for space arising from an increase in the number of nursing students continued to be the most frequently reported reason why programs were denied clinical space, though the share of programs citing it as a reason has been declining over the last four years. Closure, or partial closure, of a clinical facility, change in facility ownership or management, implementation of electronic health records (EHR), and a visit from the Joint Commission or other accrediting agency were reported more frequently in 2012-2013 than in the previous year. Both EHR implementation and a Joint Commission visit were added to the survey in 2012-2013 after several nursing programs commented that these events impacted the availability of clinical space for their students.

Table 18. Reasons for Clinical Space Being Unavailable*

Reasons for Clinical Space Being Unavailable	2009-10	2010-11	2011-12	2012-13
Competition for clinical space due to increase in number of nursing students in region	71.4%	64.5%	58.8%	55.7%
Displaced by another program	62.3%	40.9%	44.7%	43.2%
Staff nurse overload or insufficient qualified staff	54.5%	46.2%	54.1%	42.0%
Implementation of Electronic Health Records system			3.5%	33.0%
Decrease in patient census	35.1%	30.1%	31.8%	30.7%
Closure, or partial closure, of clinical facility		23.7%	25.9%	27.3%
Change in facility ownership/management		11.8%	12.9%	21.6%
Visit from Joint Commission or other accrediting agency				21.6%
No longer accepting ADN students	26.0%	16.1%	21.2%	20.5%
Nurse residency programs	28.6%	18.3%	29.4%	18.2%
Clinical facility seeking magnet status	36.4%	12.9%	18.8%	15.9%
Other	20.8%	9.7%	10.6%	11.4%
Number of programs that reported	77	93	85	88

Data were collected for the first time in the 2009-2010 or 2010-2011 survey.
Note: Blank cells indicated that the applicable information was not requested in the given year.

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Reasons for lack of access to clinical space vary by program, although the predominant reason among all program levels remains competition from the increased number of nursing students. Staff nurse overload/insufficient qualified staff was also a frequently cited reason by both BSN and ELM programs. Half of the BSN programs that reported being denied clinical space reported implementation of EHR as one of the factors. More than one-third of ADN programs reported that clinical sites no longer accepting ADN students was a reason for losing clinical space.

Table 19. Reasons for Clinical Space Being Unavailable, by Program Type, 2012-2013

	Program Type			
Reasons for Clinical Space Being Unavailable	ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	50.0%	68.2%	58.3%	55.7%
Displaced by another program	44.4%	40.9%	41.7%	43.2%
Staff nurse overload or insufficient qualified staff	37.0%	50.0%	50.0%	42.0%
Implementation of Electronic Health Record system	27.8%	50.0%	25.0%	33.0%
Decrease in patient census	29.6%	31.8%	33.3%	30.7%
Closure, or partial closure, of clinical facility	20.4%	40.9%	33.3%	27.3%
Change in facility ownership/management	16.7%	36.4%	16.7%	21.6%
Visit from Joint Commission or other accrediting agency	13.0%	40.9%	25.0%	21.6%
No longer accepting ADN students	33.3%	0.0%	0.0%	20.5%
Nurse residency programs	13.0%	31.8%	16.7%	18.2%
Clinical facility seeking magnet status	24.1%	4.5%	0.0%	15.9%
Other	14.8%	9.1%	0.0%	11.4%
Number of programs that reported	54	22	12	88

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, sites, or shifts. Most programs reported that the lost site was replaced at another clinical site – either at a different site currently being used by the program (65.5%) or at a new clinical site (54.0%). The share of schools replacing the lost placement at the same clinical site declined over the last year, from 47.1% to 39.1%. Using clinical simulation was more commonly cited as a strategy to address loss of clinical space in 2012-2013 than in the previous year, while reducing student admissions was less common.

Table 20. Strategies to Address the Loss of Clinical Space*

Strategy to Address Lost Clinical Space	2011-12	2012-13
Replaced lost space at different site currently used by nursing program	61.2%	65.5%
Added/replaced lost space with new site	48.2%	54.0%
Replaced lost space at same clinical site	47.1%	39.1%
Clinical simulation	29.4%	34.5%
Reduced student admissions	8.2%	1.1%
Other	9.4%	4.6%
Number of programs that reported	85	87

*Data were collected for the first time during the 2011-2012 survey.

Forty (28.0%) nursing programs in the state reported an increase in out-of-hospital clinical placements in 2012-2013. The most frequently reported non-hospital clinical site to see an increase in placements was a public health/community health agency, reported by 55.0% of all responding programs. Home health agency/home health service, hospice and surgery center/ambulatory care center have increased their representation among alternative clinical sites over the last three years.

Table 21. Alternative Clinical Sites Offered to RN Programs that Lost Clinical Space

Alternative Clinical Sites*	2010-11	2011-12	2012-13
Public health or community health agency	43.6%	51.8%	55.0%
Skilled nursing/rehabilitation facility	47.3%	46.4%	45.0%
Outpatient mental health/substance abuse	36.4%	42.9%	20.0%
Medical practice, clinic, physician office	23.6%	33.9%	22.5%
Home health agency/home health service	30.9%	32.1%	35.0%
School health service (K-12 or college)	30.9%	30.4%	22.5%
Hospice	25.5%	25.0%	27.5%
Surgery center/ambulatory care center	20.0%	23.2%	30.0%
Urgent care, not hospital-based	9.1%	12.5%	5.0%
Case management/disease management	7.3%	12.5%	5.0%
Correctional facility, prison or jail	5.5%	7.1%	5.0%
Occupational health or employee health service	5.5%	5.4%	0%
Renal dialysis unit	12.7%	5.4%	5.0%
Number of programs that reported	55	56	40

*These data were collected for the first time in 2010-2011.

In 2012-2013, 95 of 133 schools (71.4%) reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities. The most common types of restrictions students faced continued to be access to the clinical site itself due to a visit from the Joint Commission or another accrediting agency, access to bar coding medication administration, and access to electronic medical records. Schools reported that the least common types of restrictions students faced were direct communication with health care team members, alternative setting due to liability, and IV medication administration.

Table 22. Common Types of Restricted Access in the Clinical Setting for RN Students

Common Types of Restricted Access for RN Students	2009-10	2010-11	2011-12	2012-13
Clinical site due to visit from accrediting agency (Joint Commission)	68.1%	71.0%	74.3%	77.9%
Bar coding medication administration	70.3%	58.0%	68.3%	72.6%
Electronic Medical Records	70.3%	50.0%	66.3%	72.6%
Student health and safety requirements		39.0%	43.6%	45.3%
Automated medical supply cabinets	53.1%	34.0%	35.6%	48.4%
Glucometers	37.2%	33.0%	29.7%	36.8%
IV medication administration	27.7%	31.0%	30.7%	24.2%
Some patients due to staff workload		31.0%	37.6%	30.5%
Alternative setting due to liability	20.2%	13.0%	22.8%	18.9%
Direct communication with health team	11.8%	12.0%	15.8%	17.9%
Number of schools that reported	94	100	101	95

Note: Blank cells indicated that the applicable information was not requested in the given year.

Faculty Census Data[5]

The total number of nursing faculty increased by 1.5% (n=61) over the last year. On October 15, 2013, there were 4,180 total nursing faculty[6]. Of these faculty, 36.5% (n=1,524) were full-time and 63.5% (n=2,653) were part-time.

The need for faculty continues to outpace the number of active faculty. On October 15, 2013, schools reported 271 vacant faculty positions. These vacancies represent a 6.1% faculty vacancy rate, which is a decline in comparison to the ten-year high of 7.9% reported the previous year.

Table 23. Faculty Census Data

	Year									
	2004	2005*	2006*	2007*	2008	2009	2010	2011	2012	2013*
Total Faculty	**2,207**	**2,432**	**2,723**	**3,282**	**3,471**	**3,630**	**3,773**	**4,059**	**4,119**	**4,180**
Full-time	1,061	930	1,102	1,374	1,402	1,453	1,444	1,493	1,488	1,524
Part-time	1,146	959	1,619	1,896	2,069	2,177	2,329	2,566	2,631	2,653
Vacancy Rate**	**3.7%**	**6.0%**	**6.6%**	**5.9%**	**4.7%**	**4.7%**	**4.9%**	**4.9%**	**7.9%**	**6.1%**
Vacancies	84	154	193	206	172	181	196	210	355	271

*The sum of full- and part-time faculty did not equal the total faculty reported in these years.
**Vacancy rate = number of vacancies/(total faculty + number of vacancies)

In 2012-2013, 94 of 133 schools (70.7%) reported that faculty in their programs work an overloaded schedule, and 93.6% (n=88) of these schools pay the faculty extra for the overloaded schedule.

Table 24. Faculty with Overloaded Schedules

	Academic Year				
Overloaded Schedules for Faculty*	2008-09	2009-10	2010-11	2011-12	2012-13
Schools with overloaded faculty	81	84	85	87	94
Share of schools that pay faculty extra for the overload	92.6%	90.5%	92.9%	94.3%	93.6%
Total number of schools	125	125	131	132	133

*These data were collected for the first time in 2008-09.

[5] Census data represent the number of faculty on October 15th of the given year.
[6] Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in California nursing schools.

Summary

Over the past decade, the number of California pre-licensure nursing programs has grown dramatically, increasing from 104 programs in 2003-2004 to 143 programs in 2012-2013. In the past eight years, the share of nursing programs that partner with other schools to offer programs that lead to a higher degree has increased from almost 8% to 45%.

After a three-year period of declining availability of admission spaces, California RN programs reported more admission space available in 2012-2013 than in the previous year. New student enrollments more than doubled in the ten-year period between 2003-2004 and 2009-2010, but have been declining since then. In each of the past three years California's pre-licensure nursing programs have reported fewer new student enrollments than the previous year. While nursing programs continue to receive more qualified applications than they can admit, qualified applications decreased by 9.4% (n=3,624) in the last year. This decline was due to fewer qualified applications to ADN programs.

In 2012-2013, pre-licensure RN programs reported 11,292 completions, almost double the 6,158 completions reported in 2003-2004. After six consecutive years of growth in the number of graduates from California nursing programs, programs reported fewer students graduating from their programs in 2010-2011 compared to the previous year. In each of the past two years, the number of graduates has increased modestly. At 81.1%, the 2012-2013 retention rate is the highest in the past ten years. If retention rates remain at current levels, the declining rate of growth among new student enrollments will likely lead to further declines in the number of graduates from California nursing programs. At the time of the survey, 18.3% of new nursing program graduates were unable to find employment, which is similar to the 17.6% reported the previous year.

Clinical simulation has become widespread in nursing education, with 96% (n=128) of schools reporting using it in some capacity. It is seen by schools as an important tool for providing clinical experiences that are otherwise not available to students and for standardizing students' clinical experiences and monitoring clinical competencies. The importance of clinical simulation is underscored by data showing an increase in out-of-hospital clinical placements and programs continuing to report being denied access to clinical placement sites that were previously available to them. In addition, 71% of schools (n=95) reported that their students had faced restrictions to specific types of clinical practice during the 2012-2013 academic year.

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. Although the number of nursing faculty has almost doubled in the past ten years, from 2,207 in 2004 to 4,180 in 2013, faculty hires have not kept pace with the growth in California pre-licensure nursing programs. In 2013, 271 faculty vacancies were reported, representing a faculty vacancy rate of 6.1%. This vacancy rate is one of the highest reported in the last seven years but represents a decline in comparison to the ten-year high of 7.9% reported in 2012.

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APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (81)

American River College
Antelope Valley College
Bakersfield College
Butte Community College
Cabrillo College
Cerritos College
Chabot College
Chaffey College
Citrus College
City College of San Francisco
*CNI College
College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College - Compton Education Center
El Camino College
Everest College
Evergreen Valley College
Fresno City College
Glendale Community College
Golden West College
Grossmont College
Hartnell College
Imperial Valley College
ITT Technical Institute
Kaplan College
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing & Allied Health
Los Angeles Harbor College
Los Angeles Southwest College
Los Angeles Trade-Tech College
Los Angeles Valley College
Los Medanos College
Mendocino College
Merced College
Merritt College
Mira Costa College
†Modesto Junior College
Monterey Peninsula College
Moorpark College
Mount Saint Mary's College
Mount San Antonio College
Mount San Jacinto College
Napa Valley College
Ohlone College
†Pacific Union College
Palomar College
Pasadena City College
Pierce College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College
San Bernardino Valley College
San Diego City College
San Joaquin Delta College
San Joaquin Valley College
Santa Ana College
Santa Barbara City College
Santa Monica College
Santa Rosa Junior College
Shasta College
Shepherd University
Sierra College
Solano Community College
Southwestern College
Ventura College
Victor Valley College
West Hills College Lemoore
†Yuba College

LVN to ADN Programs Only (7)

Allan Hancock College
Carrington College
College of the Siskiyous
Gavilan College
Mission College
Reedley College at Madera Community College Center
Unitek College

BSN Programs (40)

American University of Health Sciences
†Azusa Pacific University
Biola University
California Baptist University
CSU Bakersfield
†CSU Channel Islands
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
CSU San Bernardino
†CSU San Marcos
†CSU Stanislaus
Concordia University Irvine
Dominican University of California
Holy Names University
₸ Humboldt State University
Loma Linda University
Mount Saint Mary's College
†National University
Point Loma Nazarene University
†Samuel Merritt University
San Diego State University
†San Francisco State University
Simpson University
Sonoma State University
*United States University
University of California Irvine
University of California Los Angeles
†University of Phoenix - Northern California
University of San Francisco
The Valley Foundation School of Nursing at San Jose State University
West Coast University – Inland Empire
West Coast University – Los Angeles
West Coast University – Orange County
Western Governors University

ELM Programs (15)

†Azusa Pacific University
California Baptist University
CSU Dominguez Hills
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
Charles R. Drew University
†Samuel Merritt University
†San Francisco State University
University of California Los Angeles
University of California San Francisco
University of San Diego
University of San Francisco
Western University of Health Sciences

† Reported student data for satellite campuses
₸- Program graduated last class of students in 2012-2013
* - New programs in 2012-2013

APPENDIX B – BRN Education Issues Workgroup Members

Members	Organization
Loucine Huckabay, Chair	California State University, Long Beach
Audrey Berman	Samuel Merritt University
Brenda Fong	Community College Chancellor's Office
Patricia Girczyc	College of the Redwoods
Marilyn Herrmann	Loma Linda University
Deloras Jones	Independent Consultant, Former Executive Director of California Institute for Nursing and Health Care
Stephanie Leach	Kaiser Foundation Health Plan
Judy Martin-Holland	University of California, San Francisco
Tammy Rice	Saddleback College
Paulina Van	California State University, East Bay

Ex-Officio Member

Louise Bailey	California Board of Registered Nursing

Project Manager

Julie Campbell-Warnock	California Board of Registered Nursing

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.7
DATE: February 6, 2014

ACTION REQUESTED: Information Only: NCLEX Pass Rate Update
REQUESTED BY: Michael Jackson, RN, MSN
Chairperson, Education/Licensing Committee

BACKGROUND: The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES
January 1, 2013- December 31, 2013*

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California*	11,086	84.03
United States and Territories	155,095	83.04

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES
By Quarters and Year January 1, 2013-December 31, 2013*

1/01/13-3/31/13		4/01/13-6/30/13		7/01/13-9/30/13		10/01/13-12/31/13		1/1/13-12/31/13	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
3,748	90.90	2,335	83.00	4,057	81.69	946	69.45	11,086	84.03

Includes (6), (3), (4) and (5) "re-entry" candidates.* ***April 1, 2013 the 2013 NCLEX-RN Test Plan and the higher Passing Standard of 0.00 logit was implemented and remains effective through March 31, 2016. A logit is a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties.*

Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. If a program's first time pass rate is below 75% pass rate for an academic year (July 1-June 30), the NEC sends the program written notification of non-compliance(CCR1431) and requests the program submit a written assessment and corrective action plan to improve results. The NEC will summarize the program's report for NCLEX improvement for the ELC/Board meetings per the Licensing Examination Passing Standard EDP-I-29 document approved 11/6/13. If a second consecutive year of substandard performance occurs, a continuing approval visit will be scheduled within six months, and the NEC's continuing approval visit findings reported to ELC with program representatives in attendance.

NEXT STEP(s): Continue to monitor results

PERSON(S) TO CONTACT: Katie Daugherty, MN, RN
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California Board of Registered Nursing

NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type

Academic Year July 1, 2013-June 30, 2014

Academic Year July 1-June 30	July-Sept #Tested	% Pass	Oct-Dec #Tested	% Pass	Jan-Mar #Tested	% Pass	April-June #Tested	%Pass	2013-2014 Cumulative Totals
National US Educated- All degree types *	53,734	(80.7)	12,565	(69.0)					
CA Educated- All degree types*	4,057	(81.6)	946	(69.4)					
National-Associate Degree rates**	28,656	(79.5)	7,406	(64.8)					
CA-Associate Degree rates**	2,327	(83.3)	434	(67.0)					
National-BSN+ELM rates**/***	23,710	(82.0)	4,880	(75.3)					
CA-BSN+ELM rates**/***	1,724	(79.4)	507	(71.4)					

***National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.**
****National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.**
*****ELM program rates are included in the BSN degree category by NCSBN.**
Note: This report includes quarter to quarter corrections NCSBN has made in data. April 1, 2013 the NCLEX RN Test Plan changed and the Passing Standard became 0.00 logit.
Source: National Council of State Boards Pass Rate Reports

BOARD OF REGISTERED NURSING
Education/Licensing
Agenda Item Summary

AGENDA ITEM: 7.8
DATE: February 6, 2014

ACTION REQUESTED: Licensing Program Report

REQUESTED BY: Michael Jackson, MSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

A program update and statistics will be provided at the meeting.

NEXT STEPS: None.

PERSON TO CONTACT: Gina Sanchez, Staff Services Manager I
Licensing Standards and Evaluations
(916) 515-5258

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 8.1
DATE: February 6, 2014

ACTION REQUESTED: Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.

REQUESTED BY: Erin Niemela, Chair
Legislative Committee

BACKGROUND:

Assembly Bills	Senate Bills
AB 154	SB 271
AB 186	SB 352
AB 213	SB 410
AB 259	SB 430
AB 291	SB 440
AB 361	SB 491
AB 512	SB 532
AB 633	SB 718
AB 697	SB 723
AB 705	SB 809
AB 790	
AB 809	
AB 859	
AB 1017	
AB 1057	

FISCAL IMPACT, IF ANY:

None

PERSON(S) TO CONTACT:

Kay Weinkam, M.S., RN, CNS
Nursing Education Consultant
Phone: (916) 574-7600
E-mail: kay.weinkam@dca.ca.gov

BOARD OF REGISTERED NURSING
ASSEMBLY BILLS 2013-2014
February 6, 2014

BILL #	AUTHOR	SUBJECT	COMM POSITION (date)	BOARD POSITION (date)	BILL STATUS
AB 154	Atkins	Abortion	Support (8/7)	Support (9/11)	Chapter 662, Statutes of 2013
AB 186	Maienschein	Professions and vocations: military spouses: temporary licenses	Watch (8/7)	Watch (9/11)	Senate BP&ED
AB 213	Logue	Healing arts: licensure and certification requirements: military experience	Oppose (5/8)	Oppose (4/10)	APPR
AB 259	Logue	Health and care facilities: CPR	Watch (5/8)	Watch (6/12)	Senate Health
AB 291	Nestande	California Sunset Review Committee		Watch (4/10)	A&AR
AB 361	Mitchell	Medi-Cal: health homes for Medi-Cal enrollees	Support (8/7)	Support (9/11)	Chapter 642, Statutes of 2013
AB 512	Rendon	Healing arts: licensure exemption		Oppose (4/10)	Chapter 111, Statutes of 2013
AB 555	Salas	Professions and vocations: military and veterans		Oppose unless amended (4/10)	n/a
AB 633	Salas	Emergency medical services: civil liability	Watch (8/7)	Watch (9/11)	Chapter 591, Statutes of 2013
AB 697	Gomez	Nursing education: service in state veterans' homes		Support (4/10)	Health
AB 705	Blumenfield	Combat to Care Act	Oppose (5/8)	Oppose unless amended (4/10)	APPR
AB 790	Gomez	Child abuse: reporting	Support (8/7)	Support (9/11)	Senate APPR
AB 809	**Logue**	**Healing arts: telehealth**			**Senate Health**
AB 859	Gomez	Professions and vocations: military medical personnel		Watch (4/10)	Introduced
AB 1017	Gomez	Incoming telephone calls: messages		Watch (4/10)	BP&CP
AB 1057	Medina	Professions and vocations: licenses: military service	Support if Amended (8/7)	Watch (9/11)	Chapter 693, Statutes of 2013

Bold denotes a bill that has not been previously been considered by the Board.

BOARD OF REGISTERED NURSING
SENATE BILLS 2013-2014
February 6, 2014

BILL #	AUTHOR	SUBJECT	COMM POSITION (date)	BOARD POSITION (date)	BILL STATUS
SB 271	Hernandez, E.	Associate Degree Nursing Scholarship Program		Support (9/11)	Chapter 384, Statutes of 2013
SB 352	Pavley	Medical assistants: supervision	Oppose (8/7)	Oppose (6/12)	Chapter 286, Statutes of 2013
SB 410	Yee	Anesthesiologist assistants		Oppose (6/12)	BP&ED
SB 430	Wright	Pupil health: vision examination: binocular function	Watch (8/7)	Watch (9/11)	Assembly Health
SB 440	Padilla	Public postsecondary education: Student Transfer Achievement Reform Act	Support (5/8)	Support (9/11)	Chapter 720, Statutes of 2013
SB 491	Hernandez	Nurse practitioners	Support in Concept (8/7)	Support in Concept (6/12)	Assembly APPR
SB 532	De León	Professions and vocations: military spouses: temporary licenses		Watch (4/10)	Rules
SB 718	Yee	Hospitals: workplace violence prevention plan	Support (8/7)	Support (6/12)	Assembly Inactive File
SB 723	Correa	Veterans	Watch (5/8)	Watch (9/11)	Vetoed
SB 809	DeSaulnier	Controlled substances: reporting	Watch (8/7)	Watch (9/11)	Chapter 400, Statutes of 2013

BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
February 6, 2014

BILL ANALYSIS

AUTHOR:	Logue	**BILL NUMBER:**	AB 809
SPONSOR:	Logue	**BILL STATUS:**	Senate Health Committee
SUBJECT:	Healing arts: telehealth	**DATE LAST AMENDED:**	6/25/13

SUMMARY:
Existing law requires a health care provider, as defined, prior to the delivery of health care services via telehealth, as defined, to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. Existing law also provides that failure to comply with this requirement constitutes unprofessional conduct.

ANALYSIS:
Reflecting amendments of 4/3, 4/29, and 6/25/2013, this bill would require the health care provider initiating the use of telehealth at the originating site to obtain verbal or written consent from the patient for the use of telehealth during a specified course of health care and treatment. The bill would require the health care provider to document the consent in the patient's medical record and to transmit that documentation with the initiation of any telehealth to any distant-site health care provider from whom telehealth is requested or obtained. The bill would require a distant-site health care provider to either obtain confirmation of the patient's consent from the operating site provider or separately obtain and document consent from the patient about the use of telehealth as an acceptable mode of delivering health care services and public health during a specified course of health care and treatment.

BOARD POSITION: Not previously considered.

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT:
Medical Board of California
Association of California Healthcare Districts
California Academy of Physician Assistants
California Association of Physician Groups

OPPOSE:
American Federation of State, County and Municipal Employees (AFSCME)

AMENDED IN SENATE JUNE 25, 2013

AMENDED IN ASSEMBLY APRIL 29, 2013

AMENDED IN ASSEMBLY APRIL 3, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 809

Introduced by Assembly Member Logue
(Coauthor: Senator Galgiani)

February 21, 2013

An act to amend Section 2290.5 of the Business and Professions Code, relating to telehealth, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 809, as amended, Logue. Healing arts: telehealth.

Existing law requires a health care provider, as defined, prior to the delivery of health care services via telehealth, as defined, to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. Existing law also provides that failure to comply with this requirement constitutes unprofessional conduct.

This bill would ~~allow the verbal consent for the use of telehealth to apply in the present instance and for any subsequent use of telehealth.~~ *require the health care provider initiating the use of telehealth at the originating site to obtain verbal or written consent from the patient for the use of telehealth, as specified. The bill would require that health care provider to document the consent in the patient's medical record and to transmit that documentation with the initiation of any telehealth to any distant-site health care provider from whom telehealth is requested or obtained. The bill would require a distant-site health care*

provider to either obtain confirmation of the patient's consent from the originating site provider or separately obtain and document consent from the patient about the use of telehealth, as specified.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: ⅔. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 2290.5 of the Business and Professions Code is amended to read:

2290.5. (a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) "Health care provider" means a person who is licensed under this division.

(4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

(6) "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth at the originating site shall ~~verbally~~ inform the patient about the use of telehealth and ~~request the patient's~~ *obtain* verbal *or written* consent~~, which may apply in the present instance and for any subsequent use of telehealth.~~ *from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health during a specified course of health care and treatment.* The ~~verbal~~ consent shall be documented in the patient's medical ~~record.~~ *record, and the documentation shall be transmitted with the initiation of any telehealth for that specified course of health care and treatment to any distant-site health care provider from whom telehealth is requested or obtained. A distant-site health care provider shall either obtain confirmation of the patient's consent from the originating site provider or separately obtain and document consent from the patient about the use of telehealth as an acceptable mode of delivering health care services and public health during a specified course of health care and treatment.*

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a *specified* course of *health care and* treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to his or her medical information shall apply to telehealth interactions.

(g) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(h) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on

information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to protect the health and safety of the public due to a lack of access to health care providers in rural and urban medically underserved areas of California, the increasing strain on existing providers expected to occur with the implementation of the federal Patient Protection and Affordable Care Act, and the assistance that further implementation of telehealth can provide to help relieve these burdens, it is necessary for this act to take effect immediately.

O

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 8.2
DATE: February 6, 2014

ACTION REQUESTED: Summary of Legislation Chaptered in 2013

REQUESTED BY: Erin Niemela, Chair
Legislative Committee

BACKGROUND: A summary of the bills chaptered in 2013 has been compiled for review.

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Kay Weinkam, M.S., RN, CNS
Nursing Education Consultant
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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE

2013 Legislative Summary

During the two-year 2013-2014 Legislative Session, many bills of general interest to the Board, or those having potential impact on the administration of the Board, were followed. Although these bills address many subjects, each affects registered nursing in some way. In 2013, the Board followed twenty-five bills of which nine were signed into law by the Governor. One bill was vetoed, and one bill no longer applies. Because 2013 is the first year of a two-year session, the respective legislative bodies may act in 2014 on the fourteen bills that remain. The following is a brief description of some of the bills followed by the Board that were chaptered. Please refer to the bills themselves for more details. Unless otherwise stated, the statutes of 2013 became effective January 1, 2014.

AB 154 (Atkins)
Chapter 662, Statutes of 2013
Abortion

AB 154 allows nurse practitioners, nurse-midwives, and physician assistants who complete specified training and who practice with standardized procedures or protocols, as specified, to perform the functions necessary for an abortion by medication or aspiration techniques in the first trimester of pregnancy. The bill authorizes a nurse practitioner, nurse-midwife, or physician assistant who already completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques. The bill makes it unprofessional conduct for a nurse practitioner, nurse-midwife, or physician assistant to perform an abortion by aspiration techniques without prior completion of training and validation of clinical competency. The bill deletes references to a nonsurgical abortion and deletes the restrictions on assisting with abortion procedures.

AB 512 (Rendon)
Chapter 111, Statutes of 2013
Healing arts: licensure exemption

AB 512 extends until January 1, 2018, the exemption from licensing requirements for health care practitioners who are licensed in another state and who provide services in California at a sponsored event under specified circumstances. The exempt health care practitioner must still obtain prior authorization to provide these services from the applicable licensing board.

Draft

AB 633 (Salas)
Chapter 591, Statutes of 2013
Emergency medical services: civil liability

AB 633 prohibits an employer from having a policy of prohibiting an employee from providing voluntary emergency medical services, including cardiopulmonary resuscitation, in response to a medical emergency, except as specified. This bill states that these provisions do not impose any express or implied duty on an employer to train its employees regarding emergency medical services or cardiopulmonary resuscitation.

AB 1057 (Medina)
Chapter 693, Statutes of 2013
Professions and vocations: licenses: military service

AB 1057 requires, effective January 1, 2015, that each board within the Department of Consumer Affairs inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.

SB 271 (Hernandez, E.)
Chapter 384, Statutes of 2013
Associate Degree Nursing Scholarship Program

SB 271 extends indefinitely the operation of the Associate Degree Nursing Scholarship Program, which is funded by the Registered Nurse Education Fund. The Program provides scholarships to students in counties determined to have the most need. This bill requires the Office of Statewide Health Planning and Development to post the Program's statistics and updates on its Web site.

SB 352 (Pavley)
Chapter 286, Statutes of 2013
Medical assistants: supervision

SB 352 deletes the requirement in existing law that the services performed by a medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or nurse-midwife. This bill prohibits a nurse practitioner, nurse-midwife, or physician assistant from authorizing a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized, and provides that violation of this prohibition constitutes unprofessional conduct.

Draft

SB 809 (DeSaulnier)
Chapter 400, Statutes of 2013
Controlled substances: reporting

SB 809 establishes funding for the Controlled Substance Utilization Review and Evaluation System (CURES) Fund for use by the Legislature in making appropriations for CURES and its Prescription Drug Monitoring Program, which is an electronic monitoring system for the prescribing and dispensing of Schedule II-IV controlled substances. This bill requires, beginning April 1, 2014, an annual fee of $6.00 to be assessed on specified licensees, including those authorized to prescribe, order, administer, furnish, or dispense controlled substances, and requires the regulating body to collect this fee at the time of license renewal. This bill requires, by January 1, 2016, or upon receipt of a federal Drug Enforcement Administration registration, specified health care practitioners and pharmacists to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under their care.

Draft

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.1
DATE: February 6, 2014

ACTION REQUESTED: Information Only: Complaint Intake and Investigations Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff

Complaint Intake is fully staffed.

We are pleased to announce we have finally hired our first NEC to work with the Enforcement Division. She started on December 18, 2013. She began orientation and will continue to learn about the BRN and her duties in enforcement.

Program

Fingerprint Requirement – We continue to refer the 1,222 licensees who failed to provide proof of fingerprint submission for the retroactive fingerprint project. These licenses were inactivated and are currently being referred to Complaint Intake for issuance of a citation and fine for non-compliance.

Enforcement management met with BRN fingerprint staff to develop the plan to initiate fingerprinting the large number of nurses who do not fully meet the fingerprint requirements in CCR 1419(b). There are approximately over 170,000 nurses where record of submission no longer exists in the DOJ system or no FBI result from 1990-June 2008. However, we are experiencing issues with the fingerprint interface with DOJ. BRN subject matter experts are working to resolve these issues with DCA BreEZe staff. It will be very difficult to have such a large group of licensees fingerprinted if we are having issues processing the results.

There is no delay entering complaints into BreEZe however we are experiencing a decrease in the number of applicant conviction complaints which may be as a result of the delays in fingerprint results in BreEZe.

Statistics

As of October 3, 2013, we received 2,408 complaints. The average time to close a complaint not referred to discipline went from 164 days in July 2012 to 125 days.

INVESTIGATIONS:

Staff

The southern California Investigation unit has two vacant investigator positions and is currently recruiting to fill the positions.

Program

The longest delay in the investigation process continues to be obtaining records. We continue to use the subpoena process and look for any ways to decrease the time it takes.

Investigators are focused on clearing all the oldest cases. There are approximately 80 cases over one year old that have not been completed.

In January 2014, southern investigators will provide continuing education training with the Drug Enforcement Agency to RNs and law enforcement personnel.

A southern investigator continues to participate in the California Partnership to Improve Dementia Care. The most recent meeting attended via call in was on November 20, 2013. It is a working group and staff will continue to participate as needed.

Two investigators attended the second annual National Elder Abuse Symposium provided by the California District Attorney's Association in Anaheim in December 2013. The investigators learned valuable information and made many new contacts.

The southern supervising investigator will provide the report writing module training at the January 2014 Enforcement Academy in Sacramento.

Statistics

The following are internal numbers (end of month) across all investigators not broken out on the performance measurement report.

BRN Investigation Unit	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013
Total cases assigned	268	341	272	272	267	253
Total cases unassigned (pending)	135	136	123	117	72	104
Average days to case completion	293	311	261	272	238	292
Average cost per case	$4,223	$5,421	$3,215	$3,561	$3,028	$3,105
Cases closed	19	13	32	29	37	42

BRN Investigation Unit	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013
Total cases assigned	266	279	270	256	252	
Total cases unassigned (pending)	83	64	104	89	59	
Average days to case completion	275	263	212	278	215	
Average cost per case	$3,211	$3,194	$2,920	$3,447	$2,792	
Cases closed	35	34	23	36	34	

As of October 3, 2013, there were 598 DOI investigations pending.

Please review the enforcement statistics reports in 9.3 for additional breakdown of information.

NEXT STEP:	Continue to review and adjust internal processes and monitor statistics for improvement in case processing time frames. Prepare for BreEZe implementation. Follow directions given by committee and/or board.
FISCAL IMPACT, IF ANY:	None at this time. Updates will be provided at each DDC meeting for review and possible action.
PERSON TO CONTACT:	Stacie Berumen Assistant Executive Officer (916) 574-7600

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.2
DATE: February 6, 2014

ACTION REQUESTED: Information Only: Discipline and Probation Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

PROGRAM UPDATE

Staff

The Probation Unit is fully staffed with 6 monitors and one office technician (OT).

The Discipline Unit is staffed with five case analysts, two legal support analysts, and two OTs. We have filled our Staff Services Analyst (SSA) vacancy in cite and fine with an OT from our complaint intake unit. We still have an Associate Governmental Program Analyst (AGPA) vacancy in Cite and Fine that we hope to have filled within the next couple weeks. We have hired one seasonal staff for cite and fine; however, this person is currently assisting Diversion. We have also hired an additional seasonal staff for discipline and this position assists both probation and discipline. The discipline analyst that was working on the Breeze project part-time has now begun to slowly receive a case load.

Program – Discipline

There are 1,909 open discipline cases with an average case load per analyst at 382. There are approximately 2,098 (total reflects discipline & probation) cases at the AG's office. These stats are based on October 2013 stats due to the inability to obtain accurate statistical information from the BreeZe system.

The limitations of the BreeZe system to provide reports have hindered our ability to identify our oldest cases and allow us to focus our attention to complete them.

The Legal Support Analyst began preparing default decision for the San Diego office effective January 1, 2014; therefore, the BRN now prepares all default decision.

Below reflects FY2014 to present (July 1, 2013-January 26, 2014) decision statistic.:

Decisions Adopted by Board	772
Pending Processing by legal support staff	65
Accusations/ PTR served	892

Staff continues to increase its usage of citation and fine as a constructive method to inform licensees and applicants of violations which do not rise to the level of formal disciplinary action.

The BRN continues to issue citations for address change violations pursuant to the California Code of Regulations §1409.1. The BRN website was updated with a reminder of the address change requirement.

The BRN continues to issue citations for failure to comply with the fingerprint requirement pursuant to the California Code of Regulations §1419, §1419.1 and §1419.3

Citation information below reflects FY2014 to present (July 1, 2013 – October 3, 2013).

Number of citations issued	187
Total fines ordered	$96,075.00
Fines paid (amounts only include payments from fines issued in current fiscal year)	$62,778.00
Citations pending issuance	2000+

Statistics - Discipline

Please review additional statistical information which can be found under item 9.3.

Program – Probation

The case load per probation monitor is approximately 134.

With the implementation of the Breeze program there has been a significant increase in processing times in the probation unit. It takes considerable more time to prepare and set up a file for monitoring; however, this may improve with staff becoming more comfortable with the system.

A significant issue with the BreeZe system for probation cases is the inability to retrieve reports; therefore, the manager must maintain an Excel spread sheet for probation cases. With the number of probationers and the monitoring of the cases, this is a very time consuming task. Comparisons are made on a weekly basis in order to ensure the information is correct.

The cost recovery on-line payment capability of the BreeZe system has been a beneficial feature for probationers and probation staff. Probationers can log into their information on-line to make payments to their cost recovery amount due which decreases that work load from the probation staff.

Two of the probation monitors, Don Walker and John Knowles presented the “Probation & Monitoring” module at the “Enforcement Academy” training conducted by DCA training unit, Solid during the week of January 13-17. The comments from the participants were very positive.

Statistics – Probation

Below are the statistics for the Probation program from July 1, 2013 to January 27, 2014. Since the beginning of October probation has received 152 new probationers with 31 probationers exiting the program.

Probation Data	Numbers	% of Active
Male	221	28%
Female	590	72%
Chemical Dependency	413	52%
Practice Case	215	27%
Mental Health	2	0%
Conviction (Alcohol/Drug = 79)	181	21%
Advanced Certificates	81	9%
Southern California	425	52%
Northern California	371	45%
Tolled at the AG	15	1%
Pending with AG/Board	93	11%
License Revoked **YTD**	16	1>%
License Surrendered **YTD**	40	4%
Terminated **YTD**	13	1%
Completed **YTD**	68	8%
Active in-state probationers	**811**	
Completed/Revoked/Terminated/ Surrendered **YTD**	137	
Tolled Probationers	240	
Active and Tolled Probationers	**1051**	

NEXT STEP: Follow directions given by committee and/or board. Regain ability to prepare all default decisions.

FISCAL IMPACT, IF ANY: AG's budget line item will be closely monitored. Updates will be provided at each DDC meeting for review and possible action.

PERSON TO CONTACT: Beth Scott, Deputy Chief of Discipline, Probation, and Diversion
(916) 574-8187

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.3
DATE: February 6, 2014

ACTION REQUESTED: Information Only: Enforcement Division Statistics

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

Attached you will find statistics for the Enforcement Division. Please review the information provided.

NEXT STEP: Updates will be provided to the committee and board at each meeting. Follow directions given by committee and/or board.

FISCAL IMPACT, IF ANY: None at this time

PERSON TO CONTACT:

Stacie Berumen
Assistant Executive Officer
(916) 574-7600

Beth Scott, Deputy Chief of Discipline,
Probation and Diversion
(916) 574-8187

BOARD OF REGISTERED NURSING
ENFORCEMENT MEASURES
FOR ALL IDENTIFIERS
07/01/2013 THRU 10/03/2013

COMPLAINT INTAKE

COMPLAINTS	JUL-13	AUG-13	SEP-13	OCT-13	YTD
RECEIVED	189	496	399	25	1109
CLOSED W/O INV ASSIGNMENT	47	67	64	13	191
ASSIGNED FOR INVESTIGATION	133	457	350	34	974
AVG DAYS TO CLOSE OR ASSIGN	15	47	10	21	28
PENDING	130	104	86	64	64

CONVICTIONS/ARREST REPORTS	JUL-13	AUG-13	SEP-13	OCT-13	YTD
RECEIVED	447	509	284	54	1294
CLSD/ASSGND FOR INVESTIGATION	442	518	357	41	1358
AVG DAYS TO CLOSE OR ASSIGN	8	11	9	2	9
PENDING	89	80	7	20	20

TOTAL INTAKE	JUL-13	AUG-13	SEP-13	OCT-13	YTD
RECEIVED	636	1005	683	79	2403
CLOSED W/O INV ASSIGNMENT	55	87	84	14	240
ASSIGNED FOR INVESTIGATION	567	955	687	74	2283
AVG DAYS TO CLOSE OR ASSIGN	10	29	10	12	18
PENDING	219	184	93	84	84

INVESTIGATIONS

DESK INVESTIGATIONS	JUL-13	AUG-13	SEP-13	OCT-13	YTD
ASSIGNMENTS	554	933	658	60	2205
CLOSED	677	721	738	75	2211
AVERAGE DAYS TO CLOSE	85	135	113	187	114
PENDING	2667	2825	2703	2686	2686

FIELD INVESTIGATIONS:NON-SWORN	JUL-13	AUG-13	SEP-13	OCT-13	YTD
ASSIGNMENTS	30	44	39	16	129
CLOSED	22	35	43	5	105
AVERAGE DAYS TO CLOSE	738	877	869	889	845
PENDING	480	489	484	495	495

FIELD INVESTIGATIONS:SWORN	JUL-13	AUG-13	SEP-13	OCT-13	YTD
ASSIGNMENTS	60	32	34	0	126
CLOSED	53	57	57	7	174
AVERAGE DAYS TO CLOSE	486	496	519	505	501
PENDING	654	629	605	598	598

ALL INVESTIGATIONS	JUL-13	AUG-13	SEP-13	OCT-13	YTD
FIRST ASSIGNMENTS	567	960	692	74	2293
CLOSED	752	813	838	87	2490
AVERAGE DAYS TO CLOSE	133	192	179	253	172
PENDING	3801	3943	3792	3779	3779

ALL INVESTIGATIONS AGING	JUL-13	AUG-13	SEP-13	OCT-13	YTD
UP TO 90 DAYS	524	502	548	42	1616
91 TO 180 DAYS	60	43	55	13	171
181 DAYS TO 1 YEAR	68	105	69	8	250
1 TO 2 YEARS	74	113	112	16	315
2 TO 3 YEARS	17	28	31	6	82
OVER 3 YEARS	9	22	23	2	56

CLOSED W/O DISCIPLINE REFERRAL	JUL-13	AUG-13	SEP-13	OCT-13	YTD
CLOSED	601	625	619	73	1918
AVERAGE DAYS TO CLOSE	91	162	114	196	125

ENFORCEMENT ACTIONS

AG CASES	JUL-13	AUG-13	SEP-13	OCT-13	YTD
AG CASES INITIATED	111	116	170	12	409
AG CASES PENDING	2098	2086	2151	2153	2153

SOIs/ACCUSATIONS	JUL-13	AUG-13	SEP-13	OCT-13	YTD
SOIs FILED	11	9	4	0	24
ACCUSATIONS FILED	189	133	120	0	442

SOI DECISIONS/STIPS	JUL-13	AUG-13	SEP-13	OCT-13	YTD
PROP/DEFLT DECISIONS	5	3	1	0	9
STIPULATIONS	7	4	4	0	15

ACC DECISIONS/STIPS	JUL-13	AUG-13	SEP-13	OCT-13	YTD
PROP/DEFLT DECISIONS	61	50	48	0	159
STIPULATIONS	45	45	41	9	140

SOI DISCIPLINARY ORDERS	JUL-13	AUG-13	SEP-13	OCT-13	YTD
SOI FINAL ORDERS (DEC/STIPS)	12	7	5	0	24
AVERAGE DAYS TO COMPLETE	600	690	644	0	636

ACC DISCIPLINARY ORDERS	JUL-13	AUG-13	SEP-13	OCT-13	YTD
ACC FINAL ORDERS (DEC/STIPS)	106	95	89	9	299
AVERAGE DAYS TO COMPLETE	699	686	671	603	684

TOTAL DISCIPLINARY ORDERS	JUL-13	AUG-13	SEP-13	OCT-13	YTD
TOTAL FINAL ORDERS (DEC/STIPS)	118	102	94	9	323
TOTAL AVERAGE DAYS TO COMPLETE	689	686	670	603	680

TOTAL ORDERS AGING	JUL-13	AUG-13	SEP-13	OCT-13	YTD
UP TO 90 DAYS	0	0	0	0	0
91 TO 180 DAYS	0	1	0	0	1
181 DAYS TO 1 YEAR	15	10	14	1	40
1 TO 2 YEARS	61	51	46	6	164
2 TO 3 YEARS	32	29	25	2	88
OVER 3 YEARS	10	11	9	0	30

SOIs WDRWN DSMSSD DCLND	JUL-13	AUG-13	SEP-13	OCT-13	YTD
SOIs WITHDRAWN	0	0	0	0	0
SOIs DISMISSED	0	0	0	0	0
SOIs DECLINED	0	0	0	0	0
AVERAGE DAYS TO COMPLETE	0	0	0	0	0

ACCUSATIONS WDRWN DSMSSD DCLND	JUL-13	AUG-13	SEP-13	OCT-13	YTD
ACCUSATIONS WITHDRAWN	1	4	2	1	8
ACCUSATIONS DISMISSED	1	0	2	0	3
ACCUSATIONS DECLINED	12	5	2	0	19
AVERAGE DAYS TO COMPLETE	750	714	797	670	746

NO DISCIPLINARY ACTION	JUL-13	AUG-13	SEP-13	OCT-13	YTD
CLOSED W/O DISCIPLINARY ACTION	0	10	3	0	13
AVERAGE DAYS TO COMPLETE	0	256	450	0	301

CITATIONS	JUL-13	AUG-13	SEP-13	OCT-13	YTD
FINAL CITATIONS	64	67	42	14	187
AVERAGE DAYS TO COMPLETE	422	427	476	398	434

OTHER LEGAL ACTIONS	JUL-13	AUG-13	SEP-13	OCT-13	YTD
INTERIM SUSP ORDERS ISSUED	1	1	0	0	2
PC 23 ORDERS ISSUED	2	0	1	0	3

PERFORMANCE MEASURES

	JUL-13	AUG-13	SEP-13	OCT-13	YTD
PM1: COMPLAINTS VOLUME	189	496	399	25	1109
PM1: CONV/ARREST RPRTS VOLUME	447	509	284	54	1294
PM2: CYCLE TIME-INTAKE	10	29	10	12	18
PM3: CYCLE TIME-NO DISCIPLINE	91	162	114	196	125
PM4: CYCLE TIME-DISCIPLINE	689	648	663	603	666

PM1: COMPLAINTS VOLUME - PM1: CONV/ARREST RPRTS VOLUME
Number of Complaints and Convictions/Arrest Orders Received within the specified time period.

PM2: CYCLE TIME-INTAKE
Average Number of Days to complete Complaint Intake during the specified time period.

PM3: CYCLE TIME-NO DISCIPLINE
Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

PM4: CYCLE TIME-DISCIPLINE
Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.4
DATE: February 6, 2014

ACTION REQUESTED: Information Only: Diversion Program Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

Program Update

The Diversion Liaison Committee (DLC) was held on October 28, 2013, in Los Angeles, California. Louise Bailey, Executive Officer, representative chairs of the Diversion Evaluation Committees, representatives of the Nurse Support Groups, north and south, the case managers and Program Director of the Maximus contractor, Beth Scott, the Deputy Chief, Sheila Granby, the Probation Program Manager, Carol Stanford the Diversion Program Manager and Diversion Program Staff attended the committee meeting. The meeting is usually held annually allowing pertinent decisions to be made to enhance the Diversion Program. Current information regarding trends and changes related to the program were disseminated. Presentations and training were provided by Dr. Stephen Grinstead and Dr. James Ferguson. Dr. Grinstead has authored several books regarding addiction, has a master's degree in Counseling Psychology, is a Licensed Marriage and Family Therapist, a California Certified Alcohol and Drug Counselor and has a Doctorate in Addictive Disorders. Dr. Ferguson is a Doctor of Osteopathy and is certified by the National Board of Osteopathic Examiners, the American Society of Addiction Medicine and the Medical Review Officer (MRO) Certification Council. He is the Director of the MRO Certification Council and Course Director for the American Society of Addiction Medicine Comprehensive MRO training program.

Dr. Grinstead's training on the "Inner Saboteur," dealt with the denial process that is inherent in the disease of addiction, provided information and another tool for the program to use when aiding nurses suffering from a substance use disorder and/or mental illness. Dr. Ferguson is the Medical Review Officer for First Lab and provided information regarding the role of the MRO and Lab Testing Updates as it relates to testing participants in the program. Both presentations were very informative and are available upon request.

DEC Member Orientation was held on October 29, 2013, in Los Angeles, California. The new DEC members were informed of their responsibilities regarding public protection and instructed regarding the requirements and their obligations to the BRN and the registered nurses who enter the program. Dr. Grinstead and Dr. Ferguson provided similar training to the new DEC members.

The healthcare professionals and staff who attended and participated in these meetings are commended for their continued dedication to the field of addiction and mental health.

The Diversion Program Manager, Carol Stanford, and the Maximus Director, Virginia Matthews, provided educational Diversion Program presentations to hospitals in the San Dimas area and to the SEIU Nursing association. Both presentations were well attended and attendees indicated they appreciated the opportunity to learn about the Diversion Program and its role in public protection.

Contractor Update

The Diversion Program Manager and staff are diligently working to develop a new Request for Proposal (RFP) for the new Diversion Program contract on the Diversion Program Committee, DPC. Upon completion, the RFP will be available for interested parties on the Department of General Services Web site at www.dgs.ca.gov.

Diversion Evaluation Committees (DEC)

There are currently two vacancies at this time: two physician positions. Staff has interviewed two physicians to fill these final two vacancies. Applications are included in today's materials for your review and approval.

Statistics

The Statistical Summary Report for November is attached. As of November 30, 2013, there were -1,830 successful completions.

NEXT STEP:	None
FISCAL IMPACT, IF ANY:	None at this time. Updates will be provided at each DDC meeting for review and possible action.
PERSON TO CONTACT:	Carol Stanford, Diversion Program Manager (916) 574-7616

BOARD OF REGISTERED NURSING
DIVERSION PROGRAM
STATISTICAL SUMMARY
September 1, 2013 - November 30, 2013

	CURRENT MONTHS	YEAR TO DATE (FY)	PROGRAM TO DATE
INTAKES COMPLETED	26	59	4,723
INTAKE INFORMATION			
Female	22	50	3,700
Male	4	9	996
Unknown	0	0	27
Average Age	30-49		
Most Common Worksite	Unemployed/Hospital		
Most Common Specialty	ER/Critical Care		
Most Common Substance Abused	Alcohol/Norco		
PRESENTING PROBLEM AT INTAKE			
Substance Abuse (only)	15	29	3,009
Mental Illness (only)	1	1	153
Dual Diagnosis	9	26	1,504
Undetermined	1	3	57
REFERRAL TYPE*			
Board	15	46	3,437
Self	12	13	1,286
*May change after Intake			
ETHNICITY (IF KNOWN) AT INTAKE			
American Indian/Alaska Native	0	0	34
Asian/Asian Indian	3	3	105
African American	2	2	149
Hispanic	2	2	191
Native Hawaiian/Pacific Islander	1	1	21
Caucasian	21	51	3,891
Other	0	0	66
Not Reported	0	0	266
CLOSURES			
Successful Completion	27	51	1,830
Failure to Derive Benefit	0	2	119
Failure to Comply	0	1	950
Moved to Another State	0	0	52
Not Accepted by DEC	1	1	52
Voluntary Withdrawal Post-DEC	1	2	315
Voluntary Withdrawal Pre-DEC	6	7	469
Closed Public Risk	7	12	281
No Longer Eligible	0	0	13
Clinically Inappropriate	0	0	19
Client Expired	1	1	39
Sent to Board Pre-DEC	0	0	1
TOTAL CLOSURES	43	77	4,140
NUMBER OF PARTICIPANTS: 456 (as of November 30, 2013)			

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.4.1
DATE: February 6, 2014

ACTION REQUESTED: Diversion Evaluation Committee Members

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

In accordance with B & P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician and a public member with expertise in substance use disorders and/or mental health.

APPOINTMENTS

Below are the names of candidates who are being recommended for appointment to the Diversion Evaluation Committees (DEC). Their applications and résumés are attached. If appointed, their terms will expire June 30, 2018.

NAME	TITLE	DEC	NO
David Smith	Physician	San Jose	7
Jeremy Martinez	Physician	Ontario	9

NEXT STEP: Continue recruiting efforts

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Carol Stanford, Diversion Program Manager
(916) 574-7616

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.5
DATE: February 6, 2014

ACTION REQUESTED: Update: "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" – Business and Professions Code, Section 315

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

As directed by the Board at its November 2013 meeting, staff is conducting a comparative analysis of the Uniform Standards, Diversion Program, and Probation Program, including the potential fiscal impact. Staff has met with Legal Counsel to discuss a number of issues related to Uniform Standards, including the specific recommendations from Doreathea Johnson, Deputy Director, DCA Legal Affairs. Legal Counsel advises that the Board continue with the regulatory process, although the Attorney General's Office has not rendered its opinion relative to the Uniform Standards. The Board will be notified if changes are necessary as a result of the opinion.

Staff will submit a report of its findings to the Committee at its March 2014 meeting.

NEXT STEP: Continue staff analysis with submission of report of findings at the March 2014 DDC meeting.

FISCAL IMPACT, IF ANY: None at this time

PERSON TO CONTACT: Stacie Berumen
Assistant Executive Officer
916-574-7600

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.1
DATE: February 6, 2014

ACTION REQUESTED: Information for Review and Discussion: California Code of Regulations; Article 8 Standards for Nurse Practitioners

REQUESTED BY: Trande Phillips, RN, Chairperson
Nursing Practice Committee

BACKGROUND:

The BRN staff APRN workgroup has continued review of BRN regulations; Article 8 Nurse Practitioners Laws and Regulations; the NCSBN Model Act; and language implemented in other states.

These materials were presented at the January 8, 2014 committee meeting.

1. California Action Coalition Letter of 10-1-2013
2. California Association of Certified Nurse Specialists Letter of 1-6-2014
3. American Association of Retired Persons Letter of 1-7-2014
4. Samuel Merritt University Letter 1-8-2014
5. California Action Coalition Letter of 1-16-2014
6. California Action Coalition Letter of 1-28-2014

California Nursing Association has requested the materials presented at the January 8, 2014 Nursing Practice Committee meeting have their sources noted in footnotes. This will be completed in time for the March 5, 2014 Nursing Practice Committee meeting. The packet of materials for that meeting will be made available online 10 days prior to the actual meeting date.

NEXT STEPS: Continue Work and Bring to Practice Committee meeting March 5, 2014

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov

Current California Code of Regulations Article 8 – Standards for Nurse Practitioners		Draft Revisions for Discussion BRN Nursing Practice Committee 1/8/14
1480. Definitions (a) "Nurse practitioner" means a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforms to board standards as specified in Section 1484. (b) "Primary health care" is that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease. (c) "Clinically competent" means that one possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. (d) "Holding oneself out" means to use the title of nurse-practitioner. **Authority cited:** Section 2715, Business and Professions Code. Reference: Section 2834, Business and Professions Code. **History:** 1. New Article 8 (Sections 1480-1485) filed 7-13-79; effective thirtieth day thereafter (Register 79, No. 28). 2. Amendment filed 12-7-85; effective thirtieth day thereafter (Register 85, No. 49).		**1480. Definitions** Definitions are still under review by BRN staff.
1481. Categories of Nurse Practitioners A registered nurse who has met the requirements of Section 1482 for holding out as a nurse practitioner, may be known as a nurse practitioner and may place the letters "R.N., N.P." after his/her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to the following: adult nurse practitioner, pediatric nurse practitioner, obstetrical-gynecological nurse practitioner, and family nurse practitioner. **Authority cited:**: Section 2715, Business and Professions Code. Reference: Sections 2834 and 2836, Business and Professions Code. **History:** 1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).		**1481. Categories of Nurse Practitioners** a. Advanced Practice Registered Nurse (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM) or clinical nurse specialist (CNS), and who functions in a population focus. b. Population focus shall include: 1. Family/individual across the lifespan 2. Adult-gerontology 3. Neonatal 4. Pediatrics 5. Women's health/gender-related or 6. Psychiatric/mental health

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Current California Code of Regulations Article 8 – Standards for Nurse Practitioners		Draft Revisions for Discussion BRN Nursing Practice Committee 1/8/14
		c. In addition to the RN scope of practice and within the APRN role and population focus, CNP practice shall include: 1. Standardized procedures for CNP practitioners 2. Conducting an advanced assessment 3. Ordering and interpreting diagnostic procedures 4. Establishing primary and differential diagnoses 5. Furnishing/prescribing therapeutic measures as set forth in Business & Professions Code Section2836.1. 6. Physician delegated supervisory functions for medical assistants performing tasks and supportive services pursuant to approved written standardized procedure. (*Per SB 352, Chapter 286, effective January 1, 2014)* 7. Consulting/collaborating with other disciplines and providing referrals to health care agencies, health care providers and community resources 8. Wearing identification which clearly identifies the nurse as a CNP when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient and 9. Other acts that require education and training consistent with professional standards and commensurate with the CNP's education, certification, demonstrated competencies and experience d. CNPs are certified interdependent practitioners within standards established or recognized by the BRN. Each CNP is accountable to patients, the nursing profession and the BRN for: 1. Complying with the requirements of this Act and the quality of advanced nursing care rendered 2. Recognizing limits of knowledge and experience 3. Planning for the management of situations beyond the CNP's expertise and 4. Consulting with or referring patients to other health care providers as appropriate

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Current California Code of Regulations Article 8 – Standards for Nurse Practitioners		Draft Revisions for Discussion BRN Nursing Practice Committee 1/8/14
1482. Requirements for Holding Out As a Nurse Practitioner The requirements for holding oneself out as a nurse practitioner are: (a) Active licensure as a registered nurse in California; and (b) One of the following: (1) Successful completion of a program of study which conforms to board standards; or (2) Certification by a national or state organization whose standards are equivalent to those set forth in Section 1484; or (3) A nurse who has not completed a nurse practitioner program of study which meets board standards as specified in Section 1484, shall be able to provide~~:~~ (A) Documentation of remediation of areas of deficiency in course content and/or clinical experience, and (B) Verification by a nurse practitioner and by a physician who meet the requirements for faculty members specified in Section 1484(c), of clinical competence in the delivery of primary health care. **Authority cited:** Section 2715, Business and Professions Code. Reference: Sections 2835 and 2836, Business and Professions Code. **History:** 1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).		**1482 Requirements for Nurse Practitioner Certification** (a) Hold active, unencumbered registered nurse license in California; (b) Meet the following educational requirements: (A) Master's Degree in Nursing or a higher degree in Nursing from a CCNE (Commission on Collegiate Nursing Education) or ACEN (Accreditation Commission for Education in Nursing) accredited graduate nursing program or a credentials evaluation from a Board approved credentials service for graduate nursing degrees obtained outside of the U.S. which demonstrates educational equivalency to an accredited U.S. graduate nursing degree. (B) Satisfactory completion of board approved APRN-NP program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the board. (c) Hold a current national certification as APRN-CNP in the CNP role and population focus congruent with the educational preparation from a national organization recognized by the board.

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Current California Code of Regulations Article 8 – Standards for Nurse Practitioners		Draft Revisions for Discussion BRN Nursing Practice Committee 1/8/14
1483. Evaluation of Credentials An application for evaluation of a registered nurse's qualifications to hold out as a nurse practitioner shall be filed with the board on a form prescribed by the board and shall be accompanied by the fee prescribed in Section 1417 and such evidence, statements or documents as therein required by the board to conform with Sections 1482 and 1484. The board shall notify the applicant in writing that the application is complete and accepted for filing or that the application is deficient and what specific information is required within 30 days from the receipt of an application. A decision on the evaluation of credentials shall be reached within 60 days from the filing of a completed application. The median, minimum, and maximum times for processing an application, from the receipt of the initial application to the final decision, shall be 42 days, 14 days, and one year, respectively, taking into account Section 1410.4(e) which provides for abandonment of incomplete applications after one year. **Authority cited:** Section 2715 and 2718, Business and Professions Code. Reference: Sections 2815 and 2835.5, Business and Professions Code. **History:** 1. Repealer and new section filed 8-21-86; effective thirtieth day (Register 86, No. 34).		**1483. Evaluation of Credentials** An application for evaluation of a registered nurse's qualifications as a Certified Nurse Practitioner (CNP) shall be filed with the board on a form prescribed by the board and shall be accompanied by the fee prescribed in Section 1417 and such evidence, statements or documents as therein required by the board to conform with Sections 1482 and 1484. CNP application includes submission of the following information: (a) Name of the graduate APRN-NP Program or post-graduate NP Program and the date of graduation or completion. (b) Documentation that verifies the date of graduation; credential conferred; record of courses and minimum of 500 hours of supervised clinical hours completed under direct supervision as described in Section 1484. The board shall notify the applicant in writing that the application is complete and accepted for filing or that the application is deficient and what specific information is required within 30 days from the receipt of an application. A decision on the evaluation of credentials shall be reached within 60 days from the filing of a completed application. The median, minimum, and maximum times for processing an application, from the receipt of the initial application to the final decision, shall be 42 days, 14 days, and one year, respectively, taking into account Section 1410.4(e) which provides for abandonment of incomplete applications after one year.

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Current California Code of Regulations Article 8 – Standards for Nurse Practitioners		Draft Revisions for Discussion BRN Nursing Practice Committee 1/8/14
1484. Standards of Education The program of study preparing a nurse practitioner shall meet the following criteria: (a) Purpose, Philosophy and Objectives (1) have as its primary purpose the preparation of registered nurses who can provide primary health care; (2) have a clearly defined philosophy available in written form; (3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate. **(b) Administration** (1) Be conducted in conjunction with one of the following: (A) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine, or public health. (B) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department. (2) Have admission requirements and policies for withdrawal, dismissal and readmission clearly stated and available to the student in written form. (3) Have written policies for clearly informing applicants of the academic status of the program. (4) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program. (5) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval. (6) Provide for program evaluation by faculty and students during and following the program and make results available for public review.		**1484. APRN-NP Education** The program of study preparing a certified nurse practitioner (CNP) shall meet the following standards of education: (a) **Administration and Organization of the NP Program**: (1) Program mission, philosophy, goals, and program outcomes are consistent with the purpose for preparation of the graduate APRN-NP providing primary care and/or acute care services to one of the following population foci: a. Family/individual across the lifespan b. Adult-gerontology (primary care or acute care) c. Neonatal d. Pediatrics (primary care or acute care) e. Women's health/gender-related or f. Psychiatric/mental health (2) Learning outcomes for the NP Program are measurable and reflect assessment and evaluation of the theoretical knowledge and clinical competencies of the graduate. (3) The policies and procedures by which the NP program is administered shall reflect the philosophy and learning outcomes of the program, and be available to all students. (4) The NP program shall have a written total program evaluation plan for program improvement, including attrition and retention of students, and performance of NP graduates on the national certification exam and meeting community needs. (a) The program shall have sufficient resources to achieve the program objectives. (b) In the event of program closure, the program shall notify the method provided for retrieval of records.

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Current California Code of Regulations Article 8 – Standards for Nurse Practitioners		Draft Revisions for Discussion BRN Nursing Practice Committee 1/8/14
(c) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives. (1) Each faculty person shall demonstrate current competence in the area in which he/she teaches. (2) The director or co-director of the program shall: (A) be a registered nurse; (B) hold a Master's or higher degree in nursing or a related health field from an accredited college or university; (C) have had one academic year's experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners. (3) Faculty in the theoretical portion of the program must include instructors who hold a Master's or higher degree in the area in which he or she teaches. (4) A clinical instructor shall hold active licensure to practice his/her respective profession and demonstrate current clinical competence. (5) A clinical instructor shall participate in teaching, supervising and evaluating students, and shall be appropriately matched with the content and skills being taught to the students.		**(b) Faculty:** (1) There shall be a qualified NP program administrator and adequate number of qualified faculty to develop and implement the program and to achieve the program objectives. (2) The NP Program administrator shall have sufficient time dedicated for the administration of the program. (3) The program shall appoint a program administrator for the NP program whose qualifications shall include: (a) an active, unencumbered CA registered nurse license; (b) certified as a CNP in CA ; (c) a Master's degree in nursing or higher degree in nursing; (d) two years of clinical experience as an APRN-NP within the last five (5) years, as an instructor in a school of professional nursing, or in a program **;** and (e) current national APRN-NP certification. (4) The NP Program administrator shall ensure that there is a qualified faculty assigned to coordinate and administer each NP track when there is more than one NP options offered for the population foci. (5) Faculty who teach within the NP program shall be educationally and clinically qualified in the same population foci as the theory and clinical areas taught. Qualification for the NP faculty shall include: (a) an active, unencumbered CA registered nurse license; (b) certified as a CNP in CA ; (c) a Master's degree in nursing or higher degree in nursing; (d) at least two years of clinical experience as an APRN-NP;

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Current California Code of Regulations Article 8 – Standards for Nurse Practitioners		Draft Revisions for Discussion BRN Nursing Practice Committee 1/8/14
		(e) current knowledge, competence, and current national APRN-NP certification in the role and population foci consistent with the teaching responsibilities. (6) Interdisciplinary faculty who teach non-clinical NP nursing courses shall have advanced graduate degree appropriate to the content taught, such as pharmacology. (7) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content. Faculty responsibilities shall include: (a) making arrangements with agency personnel in advance of the clinical experience which provides and verifies student supervision, preceptor orientation, and faculty defined objectives; (b) monitoring student assignments, making periodic site visits to the agency, evaluating students' performance on a regular basis with input from the student and preceptor, and availability for direct supervision during students' scheduled clinical time; (c) Providing direct supervision by a qualified faculty or experienced licensed clinical supervisor as required for patient safety and student skill attainment. (8) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation (9) Clinical faculty employed solely to supervise NP clinical experience for students shall meet faculty qualifications listed in Section 1484(b)(3). (10) Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors shall demonstrate competencies in the assigned population foci and qualifications shall include:

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Current California Code of Regulations Article 8 – Standards for Nurse Practitioners		Draft Revisions for Discussion BRN Nursing Practice Committee 1/8/14
		(a) an active, unencumbered CA registered nurse license; (b) certified as a CNP in CA; (c) current national certification as APRN-NP ; (d) Privilege to practice unencumbered as a CNP or non-NP who meets all of the above requirements in their discipline and practices in a comparable population foci; (e) Functions as a supervisor and teacher and evaluates the student's performance in the clinical setting. (11) NP Preceptorship experience (a) Student- preceptor ratio shall be appropriate to accomplishment of learning objectives, to provide for patient safety, and to the complexity of the clinical situation. (b) Functions and responsibilities for the preceptor shall be clearly documented in a written agreement between the agency, the preceptor, and the clinical program. (c) Initial experiences in the clinical practicum and a majority of the clinical experiences shall be under the supervision of clinical preceptors who are CNPs. (d) A minimum of 500 hours of clinical experience shall be under direct supervision by the preceptor or faculty. (e) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student; and, faculty member completes the final evaluation of the student with input from the preceptor; (f) Preceptor record that includes preceptor name, license, certification, student name, and dates of preceptorship shall be maintained.

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Current California Code of Regulations Article 8 – Standards for Nurse Practitioners		Draft Revisions for Discussion BRN Nursing Practice Committee 1/8/14
(d) Curriculum (1) The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care. (2) The program shall provide evaluation of previous education and/or experience in primary health care for the purpose of granting credit for meeting program requirements. (3) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression. (4) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty. (5) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program. (6) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program. (7) The program may be full-time or part-time and shall be comprised of not less than thirty (30) semester units, (forty-five (45) quarter units), which shall include theory and supervised clinical practice. (8) The course of instruction shall be calculated according to the following formula: (A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. (C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks. (9) Supervised clinical practice shall consist of two phases: (A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients. (B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting. (C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice. (10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared. (11) The program shall have the responsibility for arranging for clinical		**(c) Curriculum:** (1) The curriculum of an APRN-CNP program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation. (1) The CNP program may be full-time or part-time and shall be a minimum of one academic year in length. (2) The curriculum content shall contain theory and clinical experience in the select NP role and population focus, preparing the graduate to meet all competencies consistent with APRN-CNP practice including physical assessment, pharmacology, pathophysiology, differential diagnosis and clinical management; (3) Post-graduate NP programs which prepare an individual for dual role or population focus certification must meet all competencies designated for the NP role including supervised clinical hours of no less than 500 hours for each role or population focus. (Oregon) (4) Each CNP curriculum for a population focus shall have a minimum of 500 supervised clinical hours directly related to the role and population focus, including pharmacotherapeutic management of patients. (5) There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population focus. Post-masters nursing students shall complete the requirements of the master's APRN-NP program through a formal graduate level certificate in the desired role and population focus. Post-master students must meet the same APRN-CNP outcome competencies as the master level students. (6)The course of instruction shall be calculated according to the following formula:

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Current California Code of Regulations Article 8 – Standards for Nurse Practitioners		Draft Revisions for Discussion BRN Nursing Practice Committee 1/8/14
instruction and supervision for the student. (12) The curriculum shall include, but is not limited to: (A) Normal growth and development (B) Pathophysiology (C) Interviewing and communication skills (D) Eliciting, recording and maintaining a developmental health history (E) Comprehensive physical examination (F) Psycho-social assessment (G) Interpretation of laboratory findings (H) Evaluation of assessment data to define health and developmental problems (I) Pharmacology (J) Nutrition (K) Disease management (L) Principles of health maintenance (M) Assessment of community resources (N) Initiating and providing emergency treatments (O) Nurse practitioner role development (P) Legal implications of advanced practice (Q) Health care delivery systems (13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting. **Authority cited:** Section 2715, Business and Professions Code. Reference: Section 2836, Business and Professions Code.		(A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. (B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. (C) One (1) semester equals 15-18 weeks and one (1) quarter equals 10-12 weeks. (7) The curriculum shall be congruent with national standards for graduate level and advanced practice nursing education and is consistent with the NP core competencies and the population focused competencies in the area of educational preparation (NONPF, 2013) and includes, but is not limited to: (a) Three separate graduate level courses (the APRN-core, including the 3 P's) in: 1) Advanced physiology and pathophysiology, including general principles that apply across the lifespan 2) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches and 3) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; (b) Diagnosis and management of diseases across practice settings including diseases representative of all systems; (c) Preparation that provides a basic understanding of the principles for decision making in the identified role; (d) Preparation in the core competencies for the identified APRN-CNP role; and (e) Role preparation in one of the six population foci of practice, including legal, ethical and professional responsibilities of the APRN-CNP

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Current California Code of Regulations Article 8 – Standards for Nurse Practitioners		Draft Revisions for Discussion BRN Nursing Practice Committee 1/8/14
		(8) The curriculum shall include content related to CA NPA, BPC, Div. 2, Chapter 6, Article 8, Nurse Practitioner and CCR Title 16, Div. 14, Article 8, Standards for Nurse Practitioners, including but not limited to: (a) BPC section 2835.7 Authorized standardized procedures; (b) BPC section 2836.1 Furnishing or ordering of drugs or devices. (9) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program. (10) Course materials, including descriptions of all learning experiences and evaluation methods are published in written or electronic format and shall be available to students prior to the start of the course. (11) Supervised clinical practice shall consist of two phases: (a) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills. (b) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive a minimum of 500 hours of supervised experience and instruction in an appropriate clinical setting in direct patient care. (12) The curriculum shall have appropriate course sequencing and requirements for matriculation into the program, including completion of all pre-licensure nursing curriculum requirements before advancement into nurse practitioner clinical coursework. (13) Each student enrolled in an APRN program shall have an unencumbered CA RN license to participate in the clinical experience.

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Current California Code of Regulations Article 8 – Standards for Nurse Practitioners		Draft Revisions for Discussion BRN Nursing Practice Committee 1/8/14
		(d) Clinical Agency : (1) The program shall have the responsibility for arranging for clinical instruction and supervision for the student. (2) The NP program shall maintain a written agreement with each agency where the students have clinical experiences with a preceptor, and such agreements shall include the following: (a) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (b) Provisions for orientation of faculty and students; (c) Specification of the responsibilities and authority of the preceptor as related to the program and to the educational experience of the students; (d) Provisions for continuing communication between the facility and the program; and (e) Description of the responsibilities of faculty assigned to the course. **(e) Student Participation:** Students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: (1) Philosophy and objectives; (2) Learning experiences; and (3) Curriculum, instruction and evaluation of the various aspects of the program, including clinical facilities.
		Clinical Practicum in California for Nurse Practitioner Students Enrolled in Non-California Based Graduate Program This section still under review by BRN staff.

DRAFT

To: California Board of Registered Nursing, Nursing Practice Committee
From: Susanne J. Phillips, MSN, FNP-BC, California Action Coalition Co-Lead
Recommendation #1
Date: October 1, 2013
Subject: Committee Testimony Supporting APRN Consensus Model Regulations

Good afternoon Chair Phillips, Committee members Klein, Jackson, and Dong, and BRN staff

My name is Susanne Phillips and I am an advanced practice registered nurse, certified as a family nurse practitioner. I am currently working with University of California, Irvine as an Associate Clinical Professor where I have both academic and clinical responsibilities. I am here on behalf of the California Action Coalition, serving as the Co-Lead of workgroup #1, Scope of Practice with my colleague, Garret Chan, a certified acute care nurse practitioner and clinical nurse specialist, who serves as an Associate Adjunct Professor at the University of California, San Francisco as well as Stanford University Medical Center. My previous background includes serving as the Director of Health Policy and Practice for the California Association for Nurse Practitioners for 10 years as well as serving as a member of this Board, holding positions of member of the Education & Licensing Committee, member and Chair of the Nursing Practice Committee, Vice President of the Board, as well as President of the Board.

The California Action Coalition is part of the national Future of Nursing Campaign for Action, established by the Robert Wood Johnson Foundation to implement the Institute of Medicine's recommendations for the future of nursing throughout the United States. Over the past two years, our Workgroup has been involved in researching and documenting statutes and regulations pertaining to nursing scope of practice in California, in addition to being heavily involved in legislative efforts to remove practice barriers for nurses. Our workgroup is comprised of over 100 registered nurses, both standard and advanced practice, working in diverse settings from academia to business, to the bedside. As experts in scope and standards of nursing care, we would like to be of service to the Board and assist and support the members in issues related to RN and APRN practice and regulation, including consideration of the consensus model.

I have been in regular communication with Janette Wackerly as she has shepherded this process along with the BRN staff workgroup and we are available to answer any questions they may have, as many of us have been through academic accreditation review and are very familiar with the Consensus Model recommendations and more specifically, the education regulations. As your staff has reported, their main task for fiscal year 2013-14 is to focus primarily on identifying needed changes in existing Certified Nurse Practitioner rules and regulations. As a member of the American Academy of Nurse Practitioners as well as a member of the National Organization of Nurse Practitioner Faculties Curriculum Committee, I am acutely aware of how these model rules are being adopted nationwide. As you are aware, all four national APRN organizations have endorsed the Consensus Model as well as the faculty associations for those respective APRN roles, and we are eager to move forward here in California to address the gaps and outdated regulations that we are practicing under.

We acknowledge and support the Board's decision to incrementally address this process and look forward to working with your staff as we systematically address all four APRN groups. Our workgroup is committed to providing thoughtful, evidence-based recommendations, input and feedback on current

the mechanism for BRN state-approval of educational programs, comprehensive graduate educational standards consistent with national standards, national program accreditation, preparation for national certification examination, and the development of competency-based graduate outcomes.
I have provided you with this written testimony as well as some references from national experts on the adoption of the National Council of State Boards of Nursing's Consensus Model for APRN Regulation. I understand that you have been provided with the NCSBN's documents.

Thank you for your attention and I am happy to answer any questions you may have.

Respectfully Submitted,

Susanne J. Phillips, MSN, RN, FNP-BC
Co-Lead, Workgroup #1: Scope of Practice
California Action Coalition
sjphilli@uci.edu

Garrett Chan, Ph.D, RN, ACNP-BC, CNS, FAAN
Co-Lead, Workgroup #1: Scope of Practice
California Action Coalition
Garrett.Chan@me.com

"As long as regulatory requirements differ from state to state, each state border represents an obstacle to portability—potentially preventing access to professionals and access to care. The *Consensus Model for APRN Regulation* has the potential to harness this power by outlining regulatory requirements in licensure, accreditation, certification, and education that should be adopted by every state.) (NCSBN, 2013)

Avery, M. (2010). Midwifery practice and nursing regulation: Licensure, accreditation, certification and education. *Journal of Midwifery & Women's Health. (55)*5. 411-414.

Hudspeth, R. (2009). Understanding discipline by boards of nursing. *The Journal for Nurse Practitioners. (5)*5. 365-371.

Stanley, J., Werner, K., & Apple, K. (2009). Positioning advanced practice registered nurses for health care reform: Consensus on APRN regulation. *The Journal of Professional Nursing. (25)*6. 340 – 348.

California Association
of Clinical Nurse Specialists

Connecting clinical nurse specialists statewide

January 6, 2014

State of California
Board of Registered Nursing

RE: Advanced Practice Registered Nurse (APRN) Regulations

Dear BRN Nursing Practice Committee Members:

This letter is being written on behalf of the members of California Association of Clinical Nurse Specialists (CACNS). CACNS is the professional organization for Clinical Nurse Specialists.

Our organization would like to convey our support for the BRN regulatory revisions to align with the National Council of State Boards of Nursing Consensus Model regulatory language. We would also like to offer the BRN our resources and support.

In the proposed revisions, we would recommend changes to the following sections:

1. Page 3, section 1482(b)(A): should reflect the language in section 1483 on Page 4 and include the post-graduate (Post-Master's, Post-Doctoral) certificate program graduates be recognized as nurse practitioners if their credentials reflect appropriate preparation. Page 4, section 1483 (a) allows for the BRN to evaluate credentials from a post-graduate NP program to see if the applicant is eligible for licensure as an NP.

   Recommendation: Page 3, section 1482(b)(A) Change it to read "Master's Degree in Nursing, a post-graduate certificate, or a higher degree in Nursing from a CCNE...".

2. Page 7, section 1484 (b)(10): This regulation speaks to clinical preceptors and who clinical preceptors can be. The proposed regulations restrict the clinical preceptors to be nationally certified nurse practitioners. With the need to reduce silos of education and conduct more interdisciplinary education a clinical preceptor should be approved by faculty and hold an active license or privilege to practice that is not encumbered as an APRN or physician and practices in a comparable practice focus.

   Recommendation: Consider utilizing the wording similar yet broader than the NCSBN Consensus Model such as "Clinical preceptors will be approved by faculty and meet the following requirements: a) hold an active license or privilege to practice that is not encumbered as an APRN, physician, or other allied health provider and practices in a comparable practice focus and b) function as a supervisor and teacher and evaluate the individual's performance in the clinical setting."

Respectfully,

Patti Radovich, PhD, RN, CNS
Legislative Liaison
California Association of Clinical Nurse Specialists

AARP

January 7, 2014

California Board of Registered Nursing
Ms. Trande Phillips, RN, Chairperson
Nursing Practice Committee

Dear Chairperson Phillips:

On behalf AARP's more than 3 million members and consumers of health care in this great state, we applaud the important step taken under your leadership to allow the California Board of Registered Nursing to conduct an evaluation of what the NCSBN Consensus Model regulatory language says, and compare it to current California regulations. We anticipate this gap analysis will illuminate what changes can be made through the regulatory process, and which changes will require going through the legislative process. AARP strongly believes this work is critical to the millions of Californians who depend on safe, high-quality, and affordable health care.

Advance Practice Registered Nurses (APRNs) play a critical and expanding role in meeting the healthcare needs of consumers in California and across the country. AARP supports the Consensus Model, which has been endorsed by 48 professional nursing groups, because it seeks to address both the inconsistency of the definitions of APRN roles, and the lack of uniformity across states. We urgently need consistency and uniformity across all APRN roles to effectively align the education, accreditation, certification, and licensure of APRNS, so that access to quality, cost-effective care can be improved for all Californians.

AARP stands firm in our commitment to championing access to affordable, quality health care for all generations, providing the tools needed to save for retirement, and serving as a trusted information source on issues critical to Americans age 50 and older. A comparative analysis like this one, performed by the California BRN, can help us to identify where to focus our resources as well as where we can work together with you and others in making the regulatory changes needed to help address California's lack of primary and specialty care providers.

The gap analysis between current regulations and the NCSBN Consensus Model is particularly timely as California has now fully implemented the Affordable Care Act, and an estimated 4.7 million previously uninsured Californians will be seeking primary care services amidst a shortage of primary care physicians. A study by the Council on Graduate Medical Education

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150 Post, Suite 450 San Francisco, CA 94108 phone 415-986-3468 fax 415-986-3467
Rob Romasco, President A. Barry Rand, C.E.O. www.aarp.org

found that California has far fewer practicing primary care physicians than are needed to provide adequate care for the population. In 2008, only 16 of our state's 58 counties met the recommended 60 to 80 primary care physicians per 100,000 residents. APRNs can be instrumental in easing this shortage. Decades of evidence demonstrate that APRNs have been providing high quality health care with positive outcomes equal to the care provided by their physician counterparts. In fact in a recent member survey voters ages 40-70 years old conducted by AARP, 88 percent support allowing Nurse Practitioners to approve home visits and prescribe medication and medical equipment as a solution to help seniors remain in their homes.

A recent report from the National Governors Association entitled *The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care*, recommends that states consider easing their scope-of-practice restrictions on nurse practitioners, emphasizing their role in the growing demand for primary care. Additionally, the Institute of Medicine's evidence-based report, *The Future of Nursing: Leading Change, Advancing Health*, recommends that states remove scope-of-practice barriers and allow APRNS to practice at the full extent of their training and education. Consistent with these reports, the Center to Champion Nursing in America and AARP support the efforts of the California BRN in analyzing the APRN Consensus Model for its utility in removing barriers and improving access to quality healthcare.

We are grateful to the California Action Coalition and APRNs in California for requesting this CA BRN evaluation of the NCSBN Consensus Model and its comparison to existing California regulatory language. AARP and CCNA look forward to tomorrow's presentation of results and a clearer understanding of the potential impact of regulatory, rather than statutory, change in California.

Sincerely,

Blanca Castro-Paszinski
Advocacy Manager

Comments to California Board of Registered Nursing Practice Committee
In Support for APRN Consensus Language Application to CA APRN Regulations
January 8, 2014

Karen Anne Wolf PhD, ANP, APRN-BC, FNAP
Professor & Faculty Development Coordinator
Samuel Merritt University
School of Nursing

Samuel Merritt University School of Nursing supports revision of the California Board of Advanced Practice Nurse Regulations within the framework of the APRN Consensus Report. Because the intent of the APRN Consensus report is directed at assuring the quality of advance nurses, this act is in the public interest. The Consensus report reflects a collaborative effort on the part of more than 500 organizations, including the National Council of State Boards of Nursing (NCSBN) to guide alignment of four advanced practice roles of advanced practice nurse (certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist and certified nurse practitioner). The APRN Consensus Report suggests that there be an alignment of licensure at the state level with the accreditation standards of advance practice programs, credentialing of advance practice nurses, and the educational curricula for advanced practice nurses. The Consensus Report establishes a defined population focus (family health, adult-gerontology, child health, and women's health care) at both the level of primary care and acute care. This new alignment will assure that advanced practice nurses are will be well grounded in the care of population and area of practice, and restrict advanced practice nurses from practicing out-side of their educational practice by their own initiative or employers mandate. For example, a pediatric nurse practitioner prepared for primary care, would not be allowed to practice in the care of frail elders in an acute care setting. The consensus model has been adopted by the major educational accreditation bodies at the national level (CCNE and NONPF) and is foundational to advanced practice educational programs as well as the certification examination. As a result of the adoption of the APRN Consensus report language, APRNs will be better positioned to meet requirements for participation in Medicare reimbursement programs. The California regulations governing the practice of advanced practice nurses in California in their current state, may impede efforts of advanced practice nurses to be recognized in accordance with the Patient Protection and Affordable Health Act for reimbursement by Medicare and Medicaid.

All major California Nursing organizations have agreed that access to quality health care is needed. The adoption of the language of the consensus report is intended to assure that that candidates for licensure demonstrate that their education has provided them with sufficient depth and breadth to reflect the intended license to practice in Advanced Nursing roles The revision of the CA APRN regulations, particularly nurse practitioner regulations, is an important first step in helping to expand much needed access to advanced practice nurses under the such programs as Covered CA, and expanding ACOs, Medical or Health Care Homes.

CALIFORNIA ACTION COALITION
Advancing Health In California

January 16, 2014

Janette Wackerly, RN, MBA
Nursing Education Consultant
Board of Registered Nursing

Dear Ms. Wackerly,

On behalf of the California Action Coalition (CA AC), a coalition of nursing and consumer groups in the State of California, we thank you for reviewing and modernizing Title 16 regulations regarding nurse practitioners. This is important work that will help protect the public and ensure that Californians have access to high-quality and safe patient care. We are responding to the Board of Registered Nursing call for public comment on sections 1480-1484.

Please feel free to contact us if you have any questions.

Respectfully,

Garrett Chan, PhD, NP, CNS, RN, FAEN, FPCN, FNAP, FAAN
Susanne Phillips, MS, NP, RN
Co-Leads, Recommendation #1 Work Group
California Action Coalition

1480- Definitions

The CA AC will respond to public comment when this section is being presented to the Nursing Practice Committee.

1481- Categories of NPs

The California Action Coalition supports the proposed new language.

1482- Requirements NP Certification

The CA AC asks that the wording, "post-graduate certificate," be included in 1482 (b)(A). In addition, in Section 1482 (b), we ask that all NP programs in the State be approved by the BRN.

1483- Evaluation of Credentials

The CA AC agrees with the proposed draft language.

1484- APRN-NP Education

The CA AC recommends the following:

Section 1484(b)(3)(c) – NP program administrators should have a minimum of a master's degree in nursing, health-related science, business, or education (need to expand beyond a Master's in nursing).

Section 1484(b)(5)(c)- NP program faculty should have a minimum of a master's degree in nursing, health-related science, business, or education.

Section 1485(b)(10)(a-e)- strike these and replace with "APRN, physician, or other licensed health professional and hold an unencumbered license" or some similar phrase to allow for other disciplines to serve as clinical preceptors.

Mary Dickow, MPA | Statewide Director | 415 307 9476 | marydickow@me.com | CAactioncoalition.org

CALIFORNIA ACTION COALITION
Advancing Health In California

January 28, 2014

Janette Wackerly, RN, MBA
Nursing Education Consultant
Board of Registered Nursing

Dear Ms. Wackerly,

Please include this addendum to our letter dated January 16, 2014. Below, please find additional notes under section 1481 which are underlined.

On behalf of the California Action Coalition (CA AC), a coalition of nursing and consumer groups in the State of California, we thank you for reviewing and modernizing Title 16 regulations regarding nurse practitioners. This is important work that will help protect the public and ensure that Californians have access to high-quality and safe patient care. We are responding to the Board of Registered Nursing call for public comment on sections 1480-1484.

Please feel free to contact us if you have any questions.

Respectfully,

Garrett Chan, PhD, NP, CNS, RN, FAEN, FPCN, FNAP, FAAN
Susanne Phillips, MSN, FNP-BC, RN
Co-Leads, Recommendation #1 Work Group
California Action Coalition

1480- Definitions

The CA AC will respond to public comment when this section is being presented to the Nursing Practice Committee.

1481- Categories of NPs

The California Action Coalition supports the proposed new language. For consistency with the Model, we are requesting the following inclusion:
(b)(2) Please include "primary or acute care"
(b)(4) Please include "primary or acute care"

(d) Please remove the term "interdependent," as this is not currently defined.

1482- Requirements NP Certification

The CA AC asks that the wording, "post-graduate certificate," be included in 1482 (b)(A). In addition, in Section 1482 (b), we ask that all NP programs in the State be approved by the BRN.

1483- Evaluation of Credentials

The CA AC agrees with the proposed draft language.

1484- APRN-NP Education

The CA AC recommends the following:

Section 1484(b)(3)(c) – NP program administrators should have a minimum of a master's degree in nursing, health-related science, business, or education (need to expand beyond a Master's in nursing).

Section 1484(b)(5)(c)- NP program faculty should have a minimum of a master's degree in nursing, health-related science, business, or education.

Section 1485(b)(10)(a-e)- strike these and replace with "APRN, physician, or other licensed health professional and hold an unencumbered license" or some similar phrase to allow for other disciplines to serve as clinical preceptors.

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.1
DATE: October 1, 2013

ACTION REQUESTED: Information: Advanced Practice Registered Nurse (APRN) BRN Staff Workgroup Update

REQUESTED BY: Katie Daugherty, MN, RN, Nursing Education Consultant; Julie Campbell-Warnock, MA, Research Program Specialist

BACKGROUND:

At the April 10, 2013 Board meeting, the Board approved a request from the Nursing Practice Committee to appoint an advanced practice registered nurse (APRN) advisory committee. Suggested goals of the advisory committee were to review and recommend to the Board:

- Respond to the changing health care environment by addressing changes in rules and regulations.
- Respond to APRN regulations and need for updating for practice and education.
- Discuss scope of practice and educational issues.

Louise Bailey, Executive Officer, announced at the August 7, 2013, Nursing Practice Committee meeting that due to BRN budgetary constraints it is not possible to fund an APRN Advisory Committee. In order to move forward in providing the Nursing Practice Committee and Board the requested information, an internal Board staff workgroup has been established. Workgroup membership includes:

Janette Wackerly, MBA, BSN, RN–SNEC-North and Nursing Practice Committee Staff Liaison
Miyo Minato, MN, RN–SNEC-South and Nursing Education Committee Staff Liaison
Katie Daugherty, MN, RN – NEC-North
Carol McKay, MN, RN – NEC-South
Julie Campbell-Warnock, MA – Research Program Specialist and BRN Representative to the APRN Workgroup for the California Action Coalition

The workgroup's main task for Fiscal Year 2013-2014 is to focus primarily on identifying needed changes in existing Certified Nurse Practitioner rules and regulations here in California. In addition, the workgroup will be reviewing current information pertinent to all four nationally recognized APRN roles: Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse-Midwives (CNMs), Clinical Nurse Specialists (CNSs) and Certified Nurse Practitioners (CNPs).

In FY 2013-2014 workgroup activities will encompass the following:

- Information gathering and review of pertinent national and state level materials; written analyses/conclusions.

- Written workgroup reports to the Nursing Practice Committee where the public will be provided ongoing opportunities to provide input and feedback.
- Formulation of recommendations for California APRNs, specifically CNPs based on workgroup analyses/recommendations and the comments/input and feedback from the Nursing Practice Committee, the full Board, the public and key stakeholders.

Highlights of Workgroup Activities

The BRN staff workgroup is in the initial phases of its work. The following activities are in progress:

- Review of pertinent national and state level APRN information.
- Monitor legislation relating to APRN, most specifically CNP practice.
- Collaborate with other BRN staff monitoring legislation and regulatory development.
- Add a set of questions to the 2012-2013 Annual School Survey to determine: (1) Status of implementing CNP curriculum according to the four roles and the six population focus/foci described in the Consensus Model for APRN Regulation; (2) Program requirements for graduates in relation to taking the national certification exam in the designated role and population focus; (3) Data on which national exams are required; and (4) If the program officially tracks student success on the national certification exams.
- Develop an up-to-date database of California approved APRN educational programs, beginning with CNP programs.
- Compile an up-to-date list of key stakeholders and interested parties so the Board may keep them abreast of workgroup activities and solicit input/feedback on an ongoing basis.
- Identify methods for tracking workgroup activities, progress and reporting timelines.
- Assess and identify anticipated fiscal impact associated with any APRN regulatory changes.
- Develop a written "crosswalk" document comparing existing California CNP rules and regulations and National Council of State Boards of Nursing (NCSBN) 2012 APRN Model Act and Rules language based on the Consensus Model.
- Use the crosswalk to determine needed California CNP practice and education regulatory changes as a starting point.
- Consult with BRN legal counsel as needed.

Some preliminary workgroup beliefs/assumptions guiding workgroup activities at this juncture of review are:

- California has already adopted the title Advanced Practice Registered Nurse (APRN) in B&P Code Section 2725.5, however, further integration throughout the APRN regulations/rules may be needed.
- New CNPs are to be prepared with acute care and/or primary care competencies for adult-gerontology and pediatric populations and may be certified in one or more subtypes and foci based on transcript proof of multiple areas of educational preparation.
- California plans to enhance clarity in regulations and rules so it is clear that California APRNs practice under both their California RN license and their California APRN certification(s).

- All California newly certified APRNs are to be licensed RNs with required graduate degree preparation in at least one APRN role and population focus.
- All California newly certified APRNs must complete an accredited graduate level education program (graduate degree or post-master's/doctorate certificate) and pass the required national certification examination for certification in California.
- APRN educational preparation and APRN role and population focus certification is to build on California RN licensure competencies.
- All APRNs are to be educationally prepared to provide a variety of services across the health wellness-illness continuum in at least one APRN role and at least one of six specific population focus/foci:
    - Family/Individual Across the Life Span
    - Adult-Gerontology(subtype acute and or primary)
    - Neonatal
    - Pediatrics(subtype acute and or primary)
    - Women's Health/Gender Related
    - Psychiatric/Mental Health (across the life span)
- New California APRNs may complete graduate level education and be certified in one or more roles and population foci. Transcript evidence of role/population foci in each area will be required.
- California certification as an APRN in one role and at least one population foci will be required for all new APRNs while currently certified APRNs will be "grandfathered".
- CA APRNs will only provide services for the role and population in which they are certified.
- APRN specialization beyond a California APRN role and population certification will not be assessed or regulated by the California BRN. Such specialty competency examination (for example in oncology etc.) will be assessed by professional nursing associations/ organizations.
- Any such specialization designation beyond BRN approved APRN certification/population foci will not expand the APRNs scope of practice beyond the role and population foci in which the individual is California APRN certified.
- Regulatory language to accommodate APRNs seeking California APRN certification by endorsement will need to be revised to be congruent with any proposed regulatory changes/revisions.

Consensus Model for APRN Regulation

The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (LACE) were published July 7, 2008; LACE refers to the following:

- **Licensure** refers to the requirement for APRN licensure/or certification; California uses the term Certification for all four APRN roles.
- **Accreditation** refers to the requirement that the APRN's education program will have national nursing accreditation by a recognized accrediting body such as Commission on Collegiate Nursing Education (CCNE) or Accreditation Commission for Education in Nursing (ACEN).
- **Certification** in the Consensus Model context this means the Board of Nursing will require all new APRNs to successfully pass a national certification examination in their designated APRN role(s) and population focus/foci; each Board of Nursing will

determine the specific national certification bodies that are acceptable in their respective jurisdiction.

- **Education** means the APRN graduate level education program is a Board approved graduate degree APRN program and a program that meets National APRN educational standards developed by organizations such as the National Organization of Nurse Practitioner Faculties (NONPF) and other such entities specifying current education standards for APRN programs.

The APRN Consensus Model defines APRN practice, identifies APRN titles to be used, and describes roles and population foci for APRN education and practice. The Model is explained in detail in the NCSBN attachment *Model for Uniform National Advanced Practice Registered Nurse (APRN) Regulation: A Handbook for Legislators.*

In addition to this attachment, NCSBN has developed a variety of tools to assist Boards of Nursing in implementing the APRN Consensus Model and enacting appropriate rules and regulations for implementation as appropriate to each state board. This information can be found on the NCSBN website at https://www.ncsbn.org/4213.htm.

While California already has some of the Consensus Model categories/standards and regulatory language incorporated in existing rules and regulations, full implementation and suggested regulatory changes may not be currently applicable to California. The major task of the APRN workgroup for Fiscal Year 2013-2014 and moving forward is to review current California rules and regulations and make recommendations for changes where appropriate. The workgroup is working to determine the best way to incorporate the model regulations in California given the fact the Consensus Model advocates for independent practice and prescriptive authority across all Board of Nursing jurisdictions and these are not in place at this time in California.

The next APRN workgroup report will be presented at the January 2014 Nursing Practice Committee.

NEXT STEPS: Place on Board agenda.

FISCAL IMPACT, IF ANY:

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CAMPAIGN FOR APRN CONSENSUS

Model for Uniform National Advanced Practice Registered Nurse (APRN) Regulation: A Handbook for Legislators

Introduction

This legislative resource was developed in response to requests for information about advanced practice registered nurse (APRN) regulatory issues. It outlines the **Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education,** which formulates national standards for uniform regulation of APRNs.

Model APRN regulation is aimed at public protection by ensuring uniformity across all jurisdictions. Uniformity of national standards and regulation not only allows for the mobility of nurses, it also serves the public by increasing access to care. Currently, each jurisdiction devises its own standards in regard to APRNs. This has resulted in a huge diversity of rules and regulations between jurisdictions. The lack of uniformity between jurisdictions leads to confusion on the part of the public, profession and related fields, given that even APRN titles differ from one jurisdiction to the next. The need for standardization also affects the livelihood of practicing APRNs and their ability to relocate to areas experiencing health care shortages. An APRN may have extensive experience in one jurisdiction, but is limited in mobility because moving to another jurisdiction would mean being subject to different qualifications or standards of practice.

The recommendations offered in this booklet present an APRN regulatory model that is a collaborative effort among APRN educators, accreditors, certifiers and licensure bodies. The recommendations reflect a collaboration among regulatory bodies to achieve a sound model and continued communication, with the goal of increasing the clarity and uniformity of APRN regulation. This document defines APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialties, describes the roles and population foci, and presents strategies for implementation.

The model for APRN regulation is the product of substantial work conducted by the Advanced Practice Nursing Consensus Work Group and the National Council of State Boards of Nursing (NCSBN®), which came together to form the APRN Joint Dialogue Group, representing 144 organizations. Together, this group designed a framework whereby jurisdictions can implement and oversee the uniform licensure, accreditation, certification and education of APRNs.

We hope you use the information provided to guide your decisions with regard to APRN practice, licensure, education and certification.

Advanced Practice Registered Nurses (APRNs)

APRNs include certified registered nurse anesthetists (CRNAs), certified nurse-midwives (CNMs), clinical nurse specialists (CNSs) and certified nurse practitioners (CNPs). There are currently over 250,000 APRNs in the U.S. (U.S. Department of Health and Human Services Health Resources and Services Administration, 2010). Over the past several decades, the number of APRNs has increased and their capabilities have expanded, becoming a highly valued and an integral part of the health care system. APRNs provide care in a wide array of practice settings, including hospitals, physician offices, home care, nursing homes, schools and various types of clinics. Because of the importance of APRNs in caring for the current and future health needs of patients, the education, accreditation, certification and licensure of APRNs needs to be effectively aligned in order to continue to ensure patient safety while at the same time, expanding patient access to care.

APRN Definition

An APRN is a nurse with a graduate degree who has been licensed in an advanced role that builds on the competencies of registered nurses (RNs). Licensure as an APRN is contingent upon completion of an accredited graduate-level education program and passage of a national certification examination. An APRN must have extensive clinical experience, and have acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients. An APRN accepts responsibility and accountability for health promotion and/or maintenance, as well as the assessment, diagnosis and management of patient problems, which includes the administration and prescription of pharmacologic and nonpharmacologic interventions.

APRNs are licensed independent practitioners who are expected to practice within standards established or recognized by a licensing body. Each APRN is accountable to patients, the nursing profession and the licensing board to comply with the requirements of the jurisdiction's nursing law and to assure that quality advanced nursing care is rendered; to recognize limits of knowledge and experience; to plan for the management of situations beyond the APRN's expertise; and to consult with or refer patients to other health care providers, as appropriate.

APRN Roles

All APRNs are educationally prepared to provide a variety of services across the health wellness-illness continuum to at least one of six population foci: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related or psych/mental health; however, the emphasis and implementation within each APRN role varies. The services or care provided by APRNs is not defined or limited by setting, but rather by patient care needs. Although all APRNs are educationally prepared to provide care to patients across the health wellness-illness continuum, the emphasis and implementation within each APRN role varies. Licensure and scope of practice are based on graduate education in one of the four roles and in one of the defined population foci.

Certified Registered Nurse Anesthetist (CRNA)

A CRNA is prepared to provide the full spectrum of patients' anesthesia care and anesthesia-related care to individuals across the lifespan, whose health status may range from healthy through all recognized levels of acuity, including persons with immediate, severe, or life-threatening illnesses or injury. This care is provided in diverse settings, including hospital surgical suites; obstetrical delivery rooms; critical access hospitals; acute care; pain management centers; ambulatory surgical centers; and the offices of dentists, podiatrists, ophthalmologists and plastic surgeons.

Certified Nurse-Midwife (CNM)

A CNM provides a full range of primary health care services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, child birth, and care of a newborn. The practice includes treating the male partner of their female clients for sexually transmitted disease and reproductive health. This care is provided in diverse settings, which may include home, hospital, birth center and a variety of ambulatory care settings, including private offices, and community and public health clinics.

Clinical Nurse Specialist (CNS)

A CNS is a unique APRN role that integrates care across the continuum and through three spheres of influence: patient, nurse and system. The three spheres are overlapping and interrelated, but each sphere possesses a distinctive focus. The primary goal of a CNS is continuous improvement of patient outcomes and nursing care. Key elements of CNS practice are to create environments through mentoring and system changes that empower nurses to develop caring, evidence-based practices to alleviate patient distress; and facilitate ethical decision making. A CNS is responsible and accountable for diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups and communities.

Certified Nurse Practitioner (CNP)

For a CNP, care along the wellness-illness continuum is a dynamic process in which direct primary and acute care is provided across settings. CNPs are members of the health delivery system, practicing autonomously in areas as diverse as family practice, pediatrics, internal medicine, geriatrics and women's health care. CNPs are prepared to diagnose and treat patients with undifferentiated symptoms, as well as those with established diagnoses. Both primary and acute care CNPs provide initial, ongoing, and comprehensive care, including taking comprehensive histories, providing physical examinations, and other health assessment and screening activities, and diagnosing, treating, and managing patients with acute and chronic illnesses and diseases. This includes ordering, performing, supervising, and interpreting laboratory and imaging studies; prescribing medication and durable medical equipment; and making appropriate referrals for patients and families. Clinical CNP care includes health promotion, disease prevention, health education and counseling, as well as the diagnosis and management of acute and chronic diseases. CNPs are prepared to practice as primary care CNPs and/or acute care CNPs, which have separate national consensus-based competencies and separate certification processes.

Quality of APRN Care

The recent report published by the Institute of Medicine (IOM) stated "a number of barriers prevent nurses from being able to respond effectively to rapidly changing health care settings and an evolving health care system." The report continues to state that "The United States has the opportunity to transform the health care system, and nurses can and should play a fundamental role in this transformation." And that "Nurses should practice to the full extent of their education and training" (IOM, 2010).

The ability of APRNs to provide safe, cost-effective, high quality care that is comparable to care provided by physicians is well documented in many studies conducted over the past 30 years. The landmark study published in the *Journal of the American Medical Association* (JAMA) in 2000 provided definitive results demonstrating the quality of care provided by CNPs. In this study, the researchers evaluated the health status of patients receiving care from physicians or CNPs; however, the CNPs practiced independently without a mandatory relationship with a physician. The patients were assigned to a provider for primary care following an urgent care or emergency room visit. Researchers found the status of the CNP patients and the physician patients were comparable at the initial, six and 12 month visits. In a follow-up study two years later by some of the same researchers, the outcome was the same. The researchers determined that CNP care was comparable to that of a physician in all areas, including health status, satisfaction and use of specialists (Lenz, Mundinger, Kane, Hopkins, & Lin, 2004).

In a review of studies comparing nurses and doctors in providing primary care services, the authors concluded, "[t]he findings suggest that appropriately trained nurses can produce as high quality care as primary care doctors and achieve good health outcomes for patients. Indeed nurses providing first care for patients needing urgent attention tend to provide more health advice and achieve higher levels of patient satisfaction compared with doctors" (Laurant, Reeves, Hermens, Braspenning, Grol, & Sibbald, 2009).

Beyond patient satisfaction, a 2009 study related to CNPs showed that the safety ratio of CNPs was significantly higher when compared to the safety ratios of medical doctors (MDs) and doctors of osteopathic medicine (DOs). The National Practitioner Data Bank ratio of malpractice and adverse actions for NPs was 1:173 compared to 1:4 for MDs and DOs (Pearson, 2009).

Studies showed that CNPs had more complete records, gave more advice to patients, and had longer consultations with patients (Horrocks, Anderson, & Salisbury, 2002). The difference in APRN approach to care is attributed to nursing education, which focuses on prevention, wellness and health maintenance (Gordon, 2010). This approach "results in better patient management with fewer visits to emergency rooms and hospitals" (Gordon, 2010). Overall, "nurse practitioners seemed to provide a quality of care that is at least as good, and in some ways better, than doctors" (Horrocks, Anderson, & Salisbury, 2002).

A study published in the *American Journal of Public Health* (1997) compared differences in obstetric care provided by obstetricians, family physicians and CNMs to low-risk patients. Researchers concluded that patients of the CNMs had lower cesarean rates than the other providers (8.8 percent for CNMs compared to 13.6 percent for obstetricians and 15.1 percent for family physicians). Overall, CNMs used 12.2 percent fewer expensive hospital resources than the other providers (Rosenblatt, Dobie, et al., 1997).

In 2006 findings of a study were published comparing perinatal outcomes in care provided by a physician or a CNM in a large inner city obstetric care setting. There were 375 patients studied and the researchers found no differences in neonatal (first six weeks after birth) outcomes and fewer interventions were used by the CNM group (Cragin & Kennedy, 2006).

A study published in 2003 compared surgical patients' safety with anesthesia services provided by a CRNA or an

anesthesiologist (Pine, Holt, & Lou, 2003). Over 400,000 cases were studied in 22 states. Researchers found no statistically significant difference between mortality rates of patients treated by CRNAs independently versus those in which the CRNA collaborated with the anesthesiologist. In addition, the findings indicated that hospitals where CRNAs were the sole providers of anesthesia services (without anesthesiologists on staff) had results similar to those in hospitals in which anesthesiologists provided or directed anesthesia services (Pine, Holt, & Lou, 2003).

In 2001, the Center for Medicare & Medicaid Services allowed states to opt-out of the requirement for physician oversight of CRNA's provision of anesthesia care to patients. A new study of data from opt-out and non-opt-out states was published in *Health Affairs* in 2010. The researchers compared outcomes of care provided by CRNAs and anesthesiologists, each practicing independently and as a team. The Medicare A/B data were collected over seven years and the results indicated that in opt-out states, the CRNA solo group mortality rates were lower than that of the solo anesthesiologist group, both before and after the implementation of the opt-out. In addition, researchers found comparable surgical complication rates among the three provider groups leading them to conclude that removal of the supervision requirement for CRNAs does not increase surgical risks to patients (Dulisse & Cromwell, 2010).

Outcomes of care by CNSs on prenatal, maternal and infant health and cost through one year after delivery were published in the *American Journal of Managed Care* in 2001. The complex group of patients studied was women with a high risk of delivering low-birth weight babies. The patients received home care provided by CNSs or traditional care in the office setting. The group receiving care from CNSs experienced a lower infant mortality rate, fewer preterm babies, more twin pregnancies carried to term, fewer prenatal hospitalizations and fewer infant rehospitalizations with a cost savings of more than 750 hospital days and more than 2.8 million dollars. (Brooten, Youngblut, Brown, et al., 2001).

A 1994 study reviewed the effects of a discharge planning protocol implemented by CNSs as compared to the standard hospital discharge protocols. The researchers found from initial discharge to six weeks after discharge, patients who were in the medical intervention group had fewer readmissions to the hospital, fewer total days if rehospitalized, lower readmission charges and lower charges for health care services following discharge from the hospital. The researchers concluded the interventions by CNSs improved patient outcomes after hospitalization and decreased costs (Naylor, Brooten, Jones, et al., 1994).

It stands to reason that one way to improve access to patient-centered care would be to allow nurses to make more decisions at the point of care. Yet in many cases, outdated regulations, biases and policies prevent nurses, particularly APRNs, from practicing to the full extent of their education, skills and competencies (Hansen-Turton, et al., 2008; Ritter & Hansen-Turton, 2008; Safriet, 2010).

Need for Uniform APRN Regulation

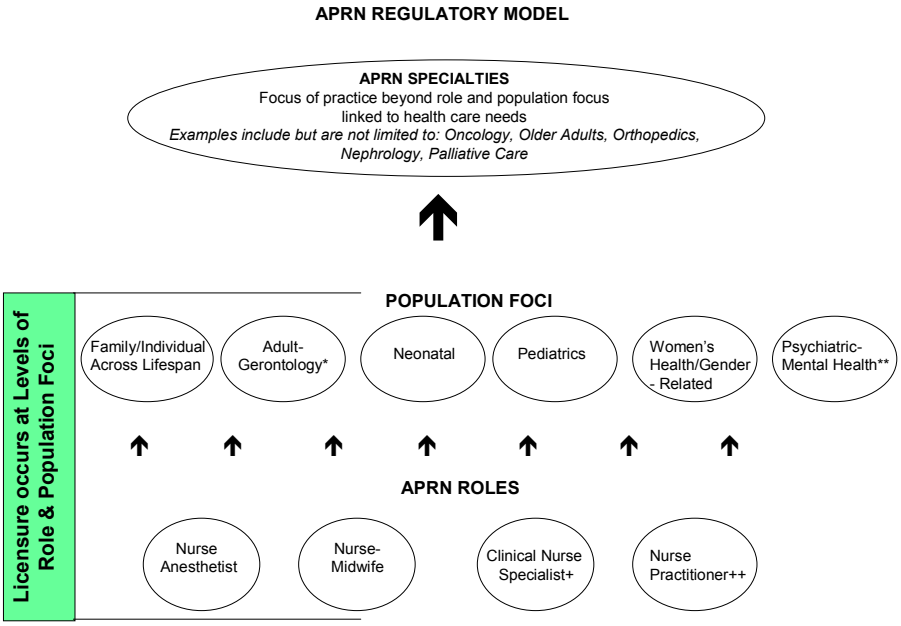
With the passage of the Affordable Care Act, the need for experienced nurses is more important than ever. Expansion of coverage will simultaneously create a demand for qualified care providers. APRNs are in a position to competently fill the gaps in access to care that will result when an estimated 32 million Americans become newly insured (Croft, 2010).

Currently, there is no uniform model of regulation of APRNs across the jurisdictions. Each jurisdiction independently determines the APRN legal scope of practice, the roles that are recognized, the level of prescriptive authority, the degree of collaboration, the criteria for entry into advanced practice and the certification examinations accepted for entry-level competence assessment. This has created a significant barrier for APRNs to easily move from jurisdiction to jurisdiction and also directly affects patients through decreased access to care.

Model APRN National Standards

The goal of the Consensus Model for APRN Regulation is to create consensus among the jurisdictions in their efforts to establish a common understanding in the APRN regulatory community that will continue to promote quality APRN education and practice; design a vision for APRN regulation, including education, accreditation, certification and licensure; set standards that protect the public; improve mobility and improve access to safe, quality APRN care.

The following section outlines the major components of the regulatory model developed by the Joint Dialogue Group. It identifies the title to be used, licensure requirements, and accreditation and education standards. Also included is a diagram that illustrates the structure and relation of the model entities.



* The population focus adult-gerontology encompasses the young adult to the older adult, including the elderly. APRNs educated and certified in the adult-gerontology population are educated and certified across both areas of practice and will be titled Adult-Gerontology CNP or CNS. In addition, all APRNs in any of the four roles providing care to the adult population, e.g., family or gender specific, must be prepared to meet the growing needs of the older adult population. Therefore, the education program should include didactic and clinical education experiences necessary to prepare APRNs with these enhanced skills and knowledge.

** The population focus, psychiatric/mental health, encompasses education and practice across the lifespan.

+ The CNS is educated and assessed through national certification processes across the continuum from wellness through acute care.

++The CNP is prepared with the acute care CNP competencies and/or the primary care CNP competencies. At this point in time the acute care and primary care CNP delineation applies only to the pediatric and adult-gerontology CNP population foci. Scope of practice of the primary care or acute care CNP is not setting specific, but is based on patient care needs. Programs may prepare individuals across both the primary care and acute care CNP competencies. If programs prepare graduates across both sets of roles, the graduate must be prepared with the consensus-based competencies for both roles and must successfully obtain certification in both the acute and primary care CNP roles. CNP certification in the acute care or primary care roles must match the educational preparation for CNPs in these roles.

New National Standards for APRN Regulation

Title

The title "advanced practice registered nurse (APRN)" is the licensing title to be used for this subset of nurses who are prepared with advanced, graduate-level nursing knowledge to provide direct patient care in one of the four APRN roles. At a minimum, an individual must legally represent themselves, including in a legal signature, as an APRN and by the role. Only those who are licensed to practice as an APRN may use the APRN title or any of the APRN role titles. An APRN may also indicate the population and specialty title in which they are professionally recognized, in addition to the legal title of APRN and role.

Licensure

APRNs will be regulated via an APRN license. APRNs will be licensed as independent practitioners for practice at the level of one of the four APRN roles within at least one of the six identified population foci.

Boards of nursing have the responsibility to:

1. License APRNs (except in states where state boards of nurse-midwifery regulate nurse-midwives);
2. Ensure APRNs have completed the congruent education requirements and national certification examination;
3. Allow for mutual recognition of APRN licenses through the APRN Compact;
4. Have at least one APRN representative position on the board of nursing and utilize an APRN advisory committee that includes representatives of all four APRN roles; and
5. Institute a grandfathering clause that will exempt those APRNs already practicing in the state from new eligibility requirements.

Accreditation

All developing APRN education programs or tracks must be preapproved, have preaccreditation, or be accredited prior to admitting students. APRN education programs must be housed within graduate programs that are nationally accredited and their graduates must be eligible for national certification used for state licensure. Accreditation must be completed by a nursing accrediting organization that is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA).

Accreditors have the responsibility to:

1. Evaluate and assess APRN education programs in light of the APRN core, role core and population core competencies;
2. Assess developing APRN education programs and tracks using established accreditation standards and granting preapproval, preaccreditation or accreditation prior to student enrollment;
3. Include an APRN on the visiting team when an APRN program/track is being reviewed; and
4. Monitor APRN educational programs throughout the accreditation period.

Certification

Individuals who have the appropriate education will sit for a certification examination to assess national competencies of the APRN core, role and at least one population focus area of practice for regulatory purposes.

Certification programs have the responsibility to:

1. Follow established certification testing and psychometrically sound, legally defensible standards for APRN examinations for licensure;
2. Assess the APRN core and role competencies across at least one population focus of practice;
3. Assess specialty competencies, if appropriate, separately from the APRN core, role and population-focused competencies;
4. Be nationally accredited by the American Board of Nursing Specialties (ABNS) or the National Commission for Certifying Agencies (NCCA);
5. Enforce congruence between education and certification examination;
6. Provide a mechanism to ensure ongoing competence and maintenance of certification; and
7. Participate in a mutually agreeable mechanism to ensure communication with boards of nursing and schools of nursing.

Education

APRN education consists of an extensive broad-based education, which includes appropriate clinical experiences, as well as coursework in graduate-level courses in advanced physiology/pathophysiology, advanced health assessment and advanced pharmacology, including pharmacodynamics, pharmacokinetics and pharmacotherapeutics.

APRN education programs/tracks leading to APRN licensure, including graduate degree granting and postgraduate certificate programs, have the responsibility to:

1. Follow established educational standards and ensure attainment of the APRN core, role core and population core competencies;
2. Be accredited by a nursing accrediting organization that is recognized by the USDE and/or CHEA;
3. Be preapproved, preaccredited or accredited prior to the acceptance of students, including all developing APRN education programs and tracks;
4. Ensure that graduates of the program are eligible for national certification and state licensure; and
5. Ensure that official documentation (e.g., transcripts) specifies the role and population focus of the graduate.

For entry into APRN practice and for regulatory purposes, APRN education must:

1. Be formal, comprehensive education with a graduate degree or postgraduate certificate;
2. Prepare the graduate to practice in one of the four identified APRN roles across at least one of the six population foci;
3. Provide a basic understanding of the principles for decision making in the identified role; and
4. Prepare the graduate to assume responsibility and accountability for health promotion and/or maintenance, as well as the assessment, diagnosis and management of patient problems, which includes the administration and prescription of pharmacologic and non-pharmacologic interventions.

APRN Specialization

Preparation in a specialty area of practice is optional, but if included, must build on the APRN role/population-focused competencies. APRNs cannot be licensed solely within a specialty area. Specialty practice represents a much more focused area of preparation and practice than does the APRN role/population focus level. Specialization does not expand an APRN's scope of practice. A specialty evolves out of an APRN role/population focus and indicates that an APRN has additional knowledge and expertise in a more discrete area of specialty practice. Competence at the specialty level will not be assessed or regulated by boards of nursing, but rather by the professional organizations. Competency in the specialty areas could be acquired either by educational preparation or experience and assessed in a variety of ways through professional credentialing mechanisms. Professional certification in the specialty area of practice is strongly recommended.

Emergence of New APRN Roles and Population-foci

As nursing practice evolves and health care needs of the population change, new APRN roles or population-foci may evolve over time. An APRN role would encompass a unique or significantly differentiated set of competencies from any of the other APRN roles. For licensure, there must be clear guidance for national recognition of a new APRN role or population-focus.

Conclusion

Establishing uniform APRN regulations across all states is an ongoing collaborative process that is fluid and dynamic. As health care evolves and new standards and needs emerge, the Consensus Model for APRN Regulation will advance accordingly to allow APRNs to care for patients in a safe environment to the full potential of their nursing knowledge and skill.

A target date for full uniformity across all states is the year 2015. Because this model was developed through a consensus process with participation of APRN certifiers, accreditors, public regulators, educators and employers, it is expected that the recommendations will inform decisions made by each of these entities as they fully implement the Consensus Model for APRN Regulation.

Organizations Represented at the Joint Dialogue Group Meetings

American Academy of Nurse Practitioners Certification Program

American Association of Colleges of Nursing

American Association of Nurse Anesthetists

American College of Nurse-Midwives

American Nurses Association

American Organization of Nurse Executives

Compact Administrators

National Association of Clinical Nurse Specialists

National League for Nursing Accrediting Commission

National Organization of Nurse Practitioner Faculties

National Council of State Boards of Nursing

NCSBN APRN Advisory Committee Representatives (5)

Organizations Participating in APRN Consensus Process

Academy of Medical-Surgical Nurses

American College of Nurse-midwives Division of Accreditation

American Academy of Nurse Practitioners

American Academy of Nurse Practitioners Certification Program

American Association of Colleges of Nursing

American Association of Critical Care Nurses Certification

American Association of Neuroscience Nurses

American Association of Nurse Anesthetists

American Association of Occupational Health Nurses

American Board for Occupational Health Nurses

American Board of Nursing Specialties

American College of Nurse-Midwives

American College of Nurse-Midwives Division of Accreditation

American College of Nurse Practitioners

American Holistic Nurses Association

American Nephrology Nurses Association

American Nurses Association

American Nurses Credentialing Center

American Organization of Nurse Executives

American Psychiatric Nurses Association

American Society of PeriAnesthesia Nurses

American Society for Pain Management Nursing

Association of Community Health Nursing Educators

Association of Faculties of Pediatric Nurse Practitioners

Association of Nurses in AIDS Care

Association of PeriOperative Registered Nurses

Association of Rehabilitation Nurses

Association of State and Territorial Directors of Nursing

Association of Women's Health, Obstetric and Neonatal Nurses

Board of Certification for Emergency Nursing

Council on Accreditation of Nurse Anesthesia Educational Programs

Commission on Collegiate Nursing Education

Commission on Graduates of Foreign Nursing Schools

District of Columbia Board of Nursing

Department of Health

Dermatology Nurses Association

Division of Nursing, DHHS, HRSA

Emergency Nurses Association

George Washington University

Health Resources and Services Administration

Infusion Nurses Society

International Nurses Society on Addictions

International Society of Psychiatric-Mental Health Nurses

Kentucky Board of Nursing

National Association of Clinical Nurse Specialists

National Association of Neonatal Nurses

National Association of Nurse Practitioners in Women's Health, Council on Accreditation

National Association of Pediatric Nurse Practitioners

National Association of School of Nurses

National Association of Orthopedic Nurses

National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties

National Conference of Gerontological Nurse Practitioners

National Council of State Boards of Nursing

National League for Nursing

National League for Nursing Accrediting Commission

National Organization of Nurse Practitioner Faculties

Nephrology Nursing Certification Commission

North American Nursing Diagnosis Association International

Nurses Organization of Veterans Affairs

Oncology Nursing Certification Corporation

Oncology Nursing Society

Pediatric Nursing Certification Board

Pennsylvania State Board of Nursing

Public Health Nursing Section of the American Public Health Association.

Rehabilitation Nursing Certification Board

Society for Vascular Nursing

Texas Nurses Association

Texas State Board of Nursing

Utah State Board of Nursing

Women's Health, Obstetric & Neonatal Nurses

Wound, Ostomy, & Continence Nurses Society

Wound, Ostomy, & Continence Nursing Certification

References

American Association of Colleges of Nursing. (1996). *The essentials of master's education for advanced practice nursing education*. Washington, DC: Author.

American Association of Colleges of Nursing. (2004). Position statement on the practice doctorate in nursing. Retrieved January 7, 2011, from http://www.aacn.nche.edu/DNP/DNPPositionStatement.htm

American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Washington, DC: Author.

American College of Nurse-Midwives. (2002). *Core competencies for basic midwifery practice*. Silver Spring, MD: Author.

American Educational Research Association, American Psychological Association and National Council on Measurement in Education. (2002). *Professional and occupational licensure and certification: Standards for educational and psychological testing*. Washington, DC: American Psychological Association, Inc.

American Nurses Association. (2004). *Nursing: Scope and standards of practice*. Washington, DC: Author.

Association of Women's Health, Obstetric and Neonatal Nurses & National Association of Nurse Practitioners Women's Health. (2002). *The women's health nurse practitioner: Guidelines for practice and education, (*5th ed.). Washington, DC: Author.

Atkinson, D. J. (2000). Legal issues in licensure policy. In C. Schoon & I.L. Smith (eds.), *The licensure and certification mission: Legal, social, and political foundations. Professional Examination Service.* New York: Forbes Custom Publishing.

Bauer, J. (1998). *Not what the doctor ordered: How to end the medical monopoly in the pursuit of managed care,* (2nd ed.). New York: McGraw-Hill Companies.

Brooten, D., Youngblut, J., Brown, L., et al. (2010). A randomized trial of nurse specialist home care for women with high-risk pregnancies: Outcomes and costs. *American Journal of Managed Care, 7*(8), 793-803. Retrieved January 7, 2010, from http://www.ajmc.com/issue/managed-care/2001/2001-08-vol7-n8/Aug01-333p793-803

Citizen Advocacy Center. (2004). *Maintaining and improving health professional competence: Roadway to continuing competency assurance*. Washington, DC: Author.

Council on Accreditation of Nurse Anesthesia Educational Programs. (2004). *Standards for accreditation of nurse anesthesia educational programs*. Chicago: Author.

Cragin, L., & Kennedy, H.P. (2006). Linking obstetric and midwifery practice with optimal outcomes. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 35*(6), 779–785.

Croft, C. (2010). Health reform by the numbers. Retrieved December 30, 2010, from http://www.whitehouse.gov/health-care-meeting/by-the-numbers

Dulisse, B., & Cromwell, J. (2010). No harm found when nurse anesthetists work without supervision by physicians. *Health Affairs, 29*(8), 1469-1475.

Finocchio, L.J., Dower, C.M., Blick N.T., Gragnola, C.M., & The Taskforce on Health Care Workforce Regulation. (1998). *Strengthening consumer protection: Priorities for health care workforce regulation*. San Francisco, CA: Pew Health Professions Commission.

Gordon, S. (2010, April 25). Take advantage, New York, of our nurse practitioners. *Times Union.* Retrieved May 4, 2010, from http://albarchive.merlinone.net/mweb/wmsql.wm.request?oneimage&imageid=10366351

Hamric, A.B., & Hanson, C. (2003). Educating advanced practice nurses for practice reality. *Journal of Professional Nursing, 19*(5), 262-268.

Hansen-Turton, T., Ritter, A., & Torgan, R. (2008). Insurers' contracting policies on nurse practitioners as primary care providers: Two years later. *Policy, Politics, & Nursing Practice, 9*(4), 241-248.

Hanson, C. & Hamric, A. (2003). Reflections on the continuing evolution of advanced practice nursing. *Nursing Outlook, 51*(5), 203-211.

Horrocks, S., Anderson, E., & Salisbury, C. (2002). Systemic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. *British Medical Journal, 324,* 821.

Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.

Institute of Medicine. (2003). *Health professions education: A bridge to quality.* Washington, DC: National Academies Press.

Kaplan, L., & Brown, M. (2004). Prescriptive authority and barriers to NP practice. *The Nurse Practitioner, 29*(33), 28-35.

Laurant, M., Reeves, D., Hermens, R., Braspenning, J., Grol, R., & Sibbald, B. (2005). *Substitution of doctors by nurses in primary care*. Cochrane Database System Review, 18(2). Retrieved January 7, 2010, from http://www2.cochrane.org/reviews/en/ab001271.html

Lenz, E.R., Mundinger, M.O., Kane, R.L., Hopkins, S.C., & Lin, S.X. (2004). Primary care outcomes in patients treated by nurse practitioners or physicians: Two-year follow-up. *Medical Care Research Review, 61*(3), 332-351..

Marion, L., Viens, D., O'Sullivan, A., Crabtree, K., Fontana, S., et al. (2003). The practice doctorate in nursing: Future or fringe. *Topics in Advanced Practice Nursing eJournal, 3*(2).

Mundinger, M.O., Kane. R.L., Lenz, E.R., Totten, A.M., Wei-Yann, T., et al. (2000). Primary care outcomes in patients treated by nurse practitioners or physicians. *Journal of American Medical Association, 283*(1), 59-68.

National Association of Clinical Nurse Specialists. (2003). *Statement on clinical nurse specialist practice*. Philadelphia, PA: Author.

National Council of State Boards of Nursing. (1993). *Regulation of advanced practice nursing: 1993 National Council of State Boards of Nursing position paper*. Chicago: Author.

National Council of State Boards of Nursing. (1997). *The National Council of State Boards of Nursing position paper on approval and accreditation: Definition and usage*. Chicago: Author.

National Council of State Boards of Nursing. (1998). *Using nurse practitioner certification for state nursing regulation: A historical perspective*. Chicago: Author.

National Council of State Boards of Nursing. (2001). *Advanced practice registered nurse compact*. Chicago: Author.

National Council of State Boards of Nursing. (2002). *Regulation of advanced practice nursing: 2002 National Council of State Boards of Nursing position paper.* Chicago: Author.

National Council of State Boards of Nursing. (2002). *Uniform advanced practice registered nurse licensure/authority to practice requirements.* Chicago: Author.

National Council of State Boards of Nursing. (2002). *Regulation of advanced practice nursing.* Chicago: Author.

National Organization of Nurse Practitioner Faculties. (2000). *Domains and competencies of nurse practitioner practice.* Washington, DC: Author.

National Panel for Acute Care Nurse Practitioner Competencies. (2004). *Acute care nurse practitioner competencies.* Washington, DC: Author.

National Panel for Psychiatric-Mental Health NP Competencies. (2003). *Psychiatric-mental health nurse practitioner competencies.* Washington, DC: Author.

National Task Force on Quality Nurse Practitioner Education. (2002). *Criteria for evaluation of nurse practitioner programs.* Washington, DC: Author.

Naylor M., Brooten D., Jones R., Lavizzo-Mourey, R., Mezey, M., & Pauley, M. (1994). Comprehensive discharge planning for the hospitalized elderly. *Annals of Internal Medicine, 120*, 999-1006.

Pearson, L.J. (2009). The pearson report: A national overview of nurse practitioner legislation and healthcare issues. *American Journal for Nurse Practitioners, 13*(2), 9.

Pew Health Professions Commission. (1995). *Critical challenges: Revitalizing the health professions for the twenty-first century.* Washington, DC: National Academies Press.

Pine, M., Holt, K. D., & Lou, Y. B. (2003). Surgical mortality and type of anesthesia provider. *AANA Journal, 71*(2), 109-116.

Ritter, A., & Hansen-Turton, T. (2008). The primary care paradigm shift: an overview of the state-level legal framework governing nurse practitioner practice. *Health Lawyer, 20* (4), 20-28.

Rosenblatt, R.A, Dobie, S.A, Hart, L.G., Schneeweiss, R., Gould, D., Raine, T.R., et al. (1997). Interspecialty differences in the obstetric care of low-risk women. *American Journal of Public Health, 87*(3), 344–351

Safriet, B.J. (2010). *Federal options for maximizing the value of advanced practice nurses in providing quality, cost-effective healthcare.* Washington, DC: National Academies Press.

Safriet, B.J. (1992). Health care dollars & regulatory sense: The role of advanced practice nursing. *Yale Journal on Regulation, 9*, 417-488.

U.S. Department of Health and Human Services Health Resources and Services Administration. (2010). *The registered nurse population: 2008 national sample survey of registered nurses.* Washington, DC: Author.

World Health Organization. (2006). *WHO health promotion glossary: New terms.* Oxford University Press: Author.

ADDENDUM

For reference attached are the following materials from the October 1, 2013 Committee Meeting:

AIS 10.1 Information: Advanced Practice Registered Nurse (APRN) BRN Staff Workgroup Update

Campaign for APRN Consensus

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.2
DATE: February 6, 2014

ACTION REQUESTED: Review and Vote to Approve - New Legislation for Medical Assistants Impacting Nurse Practitioners and Certified Nurse-Midwives

REQUESTED BY: Trande Phillips, RN, Chairperson Nursing Practice Committee

BACKGROUND:
New legislation for Medical Assistants Impacting Nurse Practitioners and Certified Nurse-Midwives

This bill has gone through several revisions and now includes definition changes as well. Recent legislation (Senate Bill 352; Chapter 286) enacted September 9, 2013, deletes the requirement that services performed by a medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or certified nurse-midwife. Written instructions by the licensed physician and surgeon or podiatrist may provide that the supervisory function for the medical assistant for tasks or supportive services be delegated in a standardized procedure to the nurse practitioner or certified nurse-midwife. Medical Assistant tasks may be performed when the supervising physician and surgeon is not onsite, if the nurse practitioner or certified nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725 of the Business and Professions Code. The nurse practitioner, certified nurse-midwife, or physician assistant is prohibited from authorizing a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized, as specified, a violation of which would constitute unprofessional conduct.

The legislation amends Section 2069 of the Business and Professions Code and uses the following definitions which are summarized here:

"Medical assistant" means a person at least 18 years of age who may be unlicensed and performs basic administrative, clerical, and technical support services under the supervision for a licensed physician and surgeon, a licensed podiatrist, physician assistant, nurse practitioner, or certified nurse-midwife, and has had at least the minimum amount of hours of appropriate training established by the Medical Board of California. The medical assistant shall be issued a certificate indicating satisfactory completion of the required training and copies must be retained by the employer.

"Specific authorization" means a specific written or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife authorizing the procedures to be performed on a

patient, the duration of which shall be consistent with accepted medical practice. The specific written or standard order shall be placed in the patient's medical record.

"Supervision" means the supervision of procedures authorized by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, nurse practitioner, or certified nurse-midwife, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures.

"Technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a certified nurse-midwife.

For additional information and specific legislative language regarding this new legislation please see the following website:
http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_352&sess=CUR&house=B&author=pavley_<pavley>

NEXT STEPS: **Present to Board**

FISCAL IMPACT, IF ANY: **None**

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NURSE PRACTITIONERS and NURSE MIDWIVES

Legislation enacted during 2012-2013 Session

New Legislation for Medical Assistants Impacting Nurse Practitioners and Certified Nurse-Midwives

Recent legislation (Senate Bill 352; Chapter 286) enacted September 9, 2013, deletes the requirement that services performed by a medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or certified nurse-midwife. Written instructions by the licensed physician and surgeon or podiatrist may provide that the supervisory function for the medical assistant for tasks or supportive services be delegated in a standardized procedure to the nurse practitioner or certified nurse-midwife. Medical Assistant tasks may be performed when the supervising physician and surgeon is not onsite, if the nurse practitioner or certified nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725 of the Business and Professions Code. The nurse practitioner, certified nurse-midwife, or physician assistant is prohibited from authorizing a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized, as specified, a violation of which would constitute unprofessional conduct.

The legislation amends Section 2069 of the Business and Professions Code and uses the following definitions which are summarized here:

"Medical assistant" means a person at least 18 years of age who may be unlicensed and performs basic administrative, clerical, and technical support services under the supervision for a licensed physician and surgeon, a licensed podiatrist, physician assistant, nurse practitioner, or certified nurse-midwife, and has had at least the minimum amount of hours of appropriate training established by the Medical Board of California. The medical assistant shall be issued a certificate indicating satisfactory completion of the required training and copies must be retained by the employer.

"Specific authorization" means a specific written or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife authorizing the procedures to be performed on a patient, the duration of which shall be consistent with accepted medical practice. The specific written or standard order shall be placed in the patient's medical record.

"Supervision" means the supervision of procedures authorized by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, nurse practitioner, or certified

nurse-midwife, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures.

“Technical supportive services” means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a certified nurse-midwife.

For additional information and specific legislative language regarding this new legislation please see the following website:
http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_352&sess=CUR&house=B&author=pavley_<pavley>

SECTION 1.
Section 2069 of the Business and Professions Code is amended to read:

An act to amend Section 2069 of the Business and Professions Code, relating to healing arts.
[Approved by Governor September 9, 2013. Filed with Secretary of State September 9, 2013.]

2069.
(a) (1) Notwithstanding any other law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services upon the specific authorization of a physician assistant, a nurse practitioner, or a certified nurse-midwife.
(2) The supervising physician and surgeon may, at his or her discretion, in consultation with the nurse practitioner, certified nurse-midwife, or physician assistant, provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, certified nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, if either of the following apply:
(A) The nurse practitioner or certified nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol, including instructions for specific authorizations, shall be developed and approved by the supervising physician and surgeon and the nurse practitioner or certified nurse-midwife.
(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502, including instructions for specific authorizations, and is approved to do so by the supervising physician and surgeon.
(b) As used in this section and Sections 2070 and 2071, the following definitions apply:
(1) “Medical assistant” means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse

practitioner, or a certified nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.
(2) "Specific authorization" means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient's medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient's medical record.
(3) "Supervision" means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:
(A) A licensed physician and surgeon.
(B) A licensed podiatrist.
(C) A physician assistant, nurse practitioner, or certified nurse-midwife as provided in subdivision (a).
(4) "Technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a).
(c) Nothing in this section shall be construed as authorizing any of the following:
(1) The licensure of medical assistants.
(2) The administration of local anesthetic agents by a medical assistant.
(3) The board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.
(4) A medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1200).
(5) A nurse practitioner, certified nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.
(d) A nurse practitioner, certified nurse-midwife, or physician assistant shall not authorize a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized by Chapter 3 (commencing with Section 1200). A violation of this subdivision constitutes unprofessional conduct.
(e) Notwithstanding any other law, a medical assistant shall not be employed for inpatient care in a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.3
DATE: February 6, 2014

ACTION REQUESTED: Review and Vote to Approve - Recognition of Nurse Practitioners with Multiple Specialties

REQUESTED BY: Trande Phillips, RN, Chairperson
Nursing Practice Committee

BACKGROUND:

The Board of Registered Nursing is receiving inquiries from certified Nurse Practitioners (NPs) who have returned to school and completed an academic program, usually a post-master's program, in an additional specialized area. These NPs are requesting recognition in all of their specialties. The prior Applicant Tracking System would not accommodate more than one specialty; however, the current BreEZe System will accommodate multiple specialties.

Previously, the Board has asked only for evidence of national certification as a NP in the additional specialty. This document was added to the existing NP application; however, it could not be added to the CAS (Teale) system. The only way a prospective employer would know a NP was able to practice in a particular specialty was to contact the Board. Staff would pull the NP application to ensure documentation of the additional specialty had been provided.

To provide consistency, we are recommending the Board require any NP wanting an additional specialty added to their existing certification be required to submit the following documentation:

A written request from the Nurse Practitioner
Evidence of certification from a national organization/association (a list of accepted organizations/associations is available on the Board's website)
An official transcript from the school reflecting completed course work and if applicable, the degree and degree conferral date.

When verifying a NP certification on the Board's website, the specialties would be listed under "Qualification:"

License Number:	***Current Date:***
Name:	
License Type:	**Nurse Practitioner**
License Status:	
Qualification:	**FAMILY NURSE PRACTITIONER**
Expiration Date:	
Original Issuance Date:	

NEXT STEPS: **Present to Board**

FISCAL IMPACT, IF ANY: **None**

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